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Boston medical and surgical journal

Massachusetts Medical Society, New
England Surgical Society

14/4

TWENTY-SIX WEEKLY NUMBERS.—AUGUST TO FEBRUARY, 1843-4

THE
B O S T O N
M E D I C A L A N D S U R G I C A L
J O U R N A L.

EDITED BY J. V. C. SMITH, M.D.

VOLUME XXIX.

Boston:
D. CLAPP, JR. PROPRIETOR AND PUBLISHER.
CORNER OF WASHINGTON AND FRANKLIN STREETS.
1844.

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T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, AUGUST 9, 1843.

No. 1.

CASE OF EXTRA-UTERINE FŒTATION.

By Harvey Lindsay, M.D., Professor of Obstetric Medicine in the Columbian College, Washington, D. C.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 13th inst., about 7, P. M., I was called on by I. M., who informed me that his wife was in extreme pain from a severe attack of colic, and requested my immediate attendance. Upon arriving at her residence, I found her writhing in agony with pain, as she said, in her bowels, and which had then continued about three hours. The abdomen was considerably swollen and tender to the touch—the surface rather cold and bedewed with a clammy sweat—the stomach nauseated, but not attended with vomiting—and the patient generally, very restless. She said that she had been as well as usual during the day, and had discharged her ordinary household duties without difficulty until about 4 o'clock, P. M., when the pain with which she was now suffering commenced. She asserted that she was not pregnant, and had not been for the last ten years, though she had not menstruated for the preceding two months. She possessed a good constitution, generally enjoyed good health, about 30 years of age, and had had but one child, who was now ten years old.

I prescribed pills of opium and camphor, to be continued till the pain was controlled, and stimulating frictions to the extremities for the purpose of exciting cutaneous action.

At 7 o'clock, next morning, the husband informed me that his wife (whom I had not seen a second time, as she lived a considerable distance from my residence) had been much relieved of her pain by the pills, but was in a very low and critical condition. Upon arriving at her house, at 8 o'clock, I found her *dead*—having expired a few minutes before.

At 12 o'clock, I made a *post-mortem* examination, in the presence of my office students. The abdomen was very much swollen, but presented no symptoms of tympanitis upon percussion. When the abdominal parietes were divided, a large quantity of blood escaped, and upon examination the whole cavity was found to be filled with it—while several large coagula were scooped out from its lower part. All the viscera of the abdomen appeared perfectly healthy. When the blood was nearly all removed, and the intestines retracted, the cause of all this mischief was immediately perceived, in the shape of a well-formed fœtus of about

two months, laying loose in the pelvis, and connected to its placenta by a cord of the ordinary length. It was an extra-uterine pregnancy, the fœtus being obviously contained in the Fallopian tube of the left side, which had just burst from the increased size of its contents, and had thus given rise to the fatal hemorrhage. The uterus was slightly enlarged, and upon slitting it open, was found lined with the *membrana decidua*, which, according to our standard authors, is usually found in such cases.

Washington, July 17th, 1843.

SEMINAL WEAKNESS—CASTRATION.

[Communicated for the Boston Medical and Surgical Journal.]

NOVEMBER 5, 1842, I was called to visit Mr. —, aged 22 years, whose health had been declining for more than six years. He had secluded himself almost entirely from society, and even from his family—had not eaten with them for four years—had not been in the street more than twice for two years, and for the last year had kept himself mostly in bed. I found him pale, trembling and dejected—pulse frequent and feeble—appetite bad—digestion impaired, and rather emaciated. At first he was unwilling to give much account of himself, but after a few visits I obtained the following history of his case. About the age of 13 years he began to masturbate, and, urged by his companions, he practised it some time before he produced an emission. After this he continued the habit more and more frequently, until he would perform the operation every day for several weeks in succession, and very often twice a day. At the age of 16 his health was so much impaired he was obliged to suspend all labor and active exercise, and had not been able, at the time I first saw him, to resume either. After this time he says he did not practise masturbation *much*, but had been constantly troubled with involuntary discharges—that the emissions had become painful and extremely prostrating. I learned from his friends that he had been attacked twice with furious delirium—both attacks were of short duration—had frequently secreted himself from his family, so that they were alarmed with fears that he would commit suicide.

During the first four years of his sickness he was drugged with all sorts of medicines, for all sorts of diseases, by all sorts of doctors, and all the time grew worse, no one ever having suggested to him the true nature of his disease or the cause of it.

With very little expectation of benefiting him with medicine, I prescribed bals. copaib. and tr. cantharid. combined, carb. of iron, cold bathing to the hips and loins, and cold water injections into the rectum; but finding no impression was made by this method of treatment, and that the nocturnal emissions were so frequent and so exhausting, I did not think it advisable to continue the use of ordinary remedies to cure so desperate a disease. Believing the great constitutional disturbance to have been produced and kept up by the severe and often repeated shocks given to the brain and nervous system by the seminal emissions, and that removing the

testicles would remove the great source of difficulty, I recommended castration, with the confident expectation that it would prove successful. He was so miserable, and life itself had become such a burden to him, that he was not only willing to submit to the operation, but urged me to perform it—which I did on the 29th of November.

There was profuse hemorrhage from the right side of the scrotum during the night after the operation, which greatly reduced him. The healing and recovery from the operation were very slow; and the winter being very cold, there was but little apparent improvement in his general appearance until warm weather was established. Since that time, he has improved rapidly. He has now the appearance of good health—is cheerful and happy—can walk miles with as much ease and elasticity as any one, and, with every prospect of good health and a life of usefulness, he is actively engaged in making arrangements to go into business. For some months after the operation he had a weeping of prostatic fluid; but so soon as his general health improved, this trouble disappeared, and he has nothing of it at this time.

There was about two drachmas of serum within the vaginal coat of the left testicle. The tunica albuginea testis was pale and flabby. The vessels of this coat in the right testicle were very much injected, showing considerable inflammation—there was no effusion.

Now as to the propriety of this operation for the removal of such a disease, I admit there may be much doubt. Cauterizing the urethra was not tried, for the want of a proper instrument. This operation, however, is not successful in more than three fourths of the cases, when it is resorted to under the most favorable circumstances, as appears from the cases reported by Mr. Phillips, of the St. Marylebone Infirmary. The parents of this young man were poor—had made many expensive trials to cure him without success, and had determined to make no further effort. From these considerations I was induced to operate—and the happy change produced in the patient, and the great relief afforded to the family, are abundant evidence of the propriety of the operation in this case.

JOSIAH CROSBY.

Meredith Bridge, N. H., July, 1843.

THE FAILING OF SIGHT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The failing of the sight is not an insulated phenomenon. The other senses partake of the same change. The same blur pervades them all, and spectacles are as much needed by the other senses as by the sense of sight. At 45 years of age, or thereabouts, people observe that they cannot read, or do any fine or delicate piece of work, as well as formerly. They may also observe that they cannot learn a piece of music, or sing and play a new tune, as well as formerly. The senses of touch and hearing have both failed in as great a degree as the sense of sight. If it were the sight only that had failed, a person could as well learn to sing, or

to play a new tune in music, at 45 years of age, as at the age of 12 or 16. A very little observation and experimenting will convince every one that the senses of hearing and touch are not as lively at 45 years of age as at 12 or 16. There is a greater effort made to ascertain the truth of these sensations than at an earlier period of life. The pleasures of sound and of touch are both diminished in a degree very perceptible, though not so fully realized as the change in the sense of seeing. No art on which the external senses are particularly employed can be learned with the same ease as in early life. The change in the senses of smelling and taste not so obvious as in the other senses; though I think it must have been often observed that it takes a person who has failed in the sense of sight, a longer time to ascertain the qualities of an article by the senses of smelling and taste than it does a young person. Such persons are more apt to appeal to the senses of others in questions of doubt. Old persons choose the most sapid and stimulating articles of food as well as of drink. Snuffs and pungent odors are favorite pleasures in old age.

Some have attributed the failing of sight to a mere change in the shape of the eye; but this would only change the *point of distinct vision*, as in any other lens. We should only have to hold an object at a little farther distance than usual, in order to see as well as ever; but the fact is, we cannot see so well in the same degree of light at any distance as in youth. There is an organic change in the whole substance of the eye. Its transparency and sensibility are both diminished.

All the motions of the body and of the mind are slower at 45 years of age, than at 20. It is much more difficult to run, or leap, or dance, at that age, than at an earlier period of life. The pulse is slower, and the train of ideas is also slower. It takes a longer time not only to see, but to hear, to feel, to taste, to smell, and to think. Both the internal and external sensations are slower, and excited with more difficulty. The secretions are also more unfrequent.

About this time, the hair, in both sexes, begins to become gray, and the menstrual discharge ceases in women. These changes are commonly regarded as insulated phenomena, as if a numberless variety of causes were at work in the system to produce them. I think they are all attributable to the same cause, viz., to a diminution in the momentum of the arterial blood. The motion of the blood I take to be an ultimate fact, beyond which our inquiries cannot go. The action of the heart expresses the force of the arterial blood. At that time of life when the sight begins to fail, the arterial blood is not sent into the extremities of the arteries with the same force as in youth. All action of the nervous system, as well as of every other structure, depends upon the frequency of a fresh supply of blood. The greater the frequency of a fresh supply of arterial blood, the greater must be the activity of every organ and structure of the body. The arterial blood is the sap of the system, and performs the same office in the human system as the sap does in the tree or vegetable. If the arterial blood does not visit the extreme vessels with its accustomed celerity of motion, the same result must follow under all

circumstances, viz., a diminution of activity in the part. The menstrual discharge does not cease in women because they have borne all the children they can bear ; for it ceases about the same time in those who have never borne any. The hair does not turn gray because the person is forty or fifty years of age ; for age is not the cause of anything. To suppose the sight to fail because the person is growing older, is very much like supposing the tide to ebb and flow because it approaches near the time set by the almanac for such an event.

People immediately become sensible of the least failure in the sight. They have almost an exact measure of it, in the distance at which they usually hold an object in order to examine it ; but they have no such measure of the failing of the other senses. The fact, however, is capable of proof. The cessation of the menses corresponds very nearly in point of time with the failure of sight, though the change in the color of the hair sometimes happens at an earlier period, but this may be owing to its peculiar structure. All these phenomena appear to me to belong to the same class.

The human system is supposed to have reached its greatest perfection at the age of 35, though in many individuals, probably, at a much earlier period. The heart probably attains to its maximum of force, and the blood circulates with its greatest momentum, about this period. The phenomena I have enumerated rarely occur until after this period, when the force of the pulse has begun to abate. An abatement of only a single beat or two in the pulse may be sufficient to induce the commencement of all those changes I have enumerated. In old age the pulse beats only sixty times in a minute, and may be regarded as a true index of all the other motions of the system. The sensations are excited at the same slow rate, and the train of ideas moves on in the same ratio.

It is an old saying that gray hairs are a sign of wisdom. If the train of our ideas becomes slower, and therefore more distinct, and capable of being more accurately examined, by the same cause which produces gray hairs, there may be a good foundation for the old proverb. To make the proverb scientifically true, however, its meaning must be restricted to the different periods of the same person's life. In some people, the same quickness of sensation and flow of ideas continue into old age, but I believe such people are never remarkable for wisdom. The hurry of their ideas and sensations, prevents a proper comparison and selection of them, and the judgment never improves. If the same rapidity in the succession of our sensations and ideas, which exists in youth, should be continued into old age, I imagine the world would never become remarkable for its wisdom. For wisdom evidently depends not less upon a moderation in the succession of our ideas, than upon the amount of ideas already acquired.

If all the senses undergo a similar change with the sense of sight and at the same time, it becomes a question of some importance whether the testimony of a person, in a court of law, whose sight is so far diminished as to require the help of glasses, is as valid as the testimony of a younger person. So far as it respects the sight, I suppose that most people are

aware of the difference ; but in reporting conversations and sounds, I am not aware that any distinction is made between the testimony of a person of 25 and a person of 50 years of age ; yet in all cases where the senses are employed, *cæteris paribus*, the young person's testimony is the most to be relied upon. The young person can see and hear at greater distances ; he can feel, taste and smell with more nicety and with more accuracy. This subject certainly deserves a more scientific investigation than it has hitherto received. Many good rules in the conduct of life might be derived from it ; and a knowledge of our true capacities very much extended.

This failing of the senses is, in some measure, recompensed by the greater degree of health and enjoyment which most nervous people experience when they arrive at this period of life. Those who have been troubled with an excess of sensibility in earlier life, may now hope for better days ; nor is this hope often disappointed. An improvement, in nervous diseases, is almost always experienced. In a word, we have more wisdom to conduct the affairs of life, and less inclination to indulge in those excesses which ruin our health and impair our faculties. Physical changes do for us now, what the wisdom and advice of others ought to have done for us years ago.

D. B. SLACK.

Providence, July 29th, 1843.

THE PLEA OF INSANITY IN CRIMINAL CASES.

[We continue our extracts from the British and Foreign Medical Review on this interesting subject. The following remarks refer chiefly to the late trial of M'Naughten for the murder of Mr. Drummond—a trial which, in consequence of the uncertain nature of the evidence in proof of insanity, and of the prisoner's acquittal on the ground that he was insane, has excited more attention than any other of modern times.]

We consider it unnecessary to detail the facts of this case ; they are so recent that they must be familiar to the whole of our readers. We shall here offer only a few remarks on the defence : this was to the effect that at the time the accused perpetrated the act he was laboring under homicidal monomania. It was deposed to by many witnesses that the prisoner was latterly of a sullen and reserved character ; that he imagined himself to be the object and victim of the most unrelenting persecution ; that he was surrounded by persons who had formed a conspiracy against his comforts, his character, and even his life ; and that wheresoever he went these persons still pursued him, and gave him no rest either by day or by night. It also appeared that he imagined the deceased, who was a perfect stranger to him, to be one of his persecutors, and that it was necessary that he should fall a sacrifice in order to free him from persecution. There was no proof of intellectual insanity about him, if we except the existence of these delusions ; and it was admitted by all that he was shrewd in business transactions, that he was fully competent to the

management of his affairs, and had realized a considerable sum of money by his own industry in trade.

These were the principal points in the defence ; the remainder of the evidence in favor of insanity being made up by the opinions expressed by the medical witnesses. We will now compare this evidence with those characters which have been assigned by Prichard and others as proofs of homicidal monomania. We have already expressed our opinion that these characters are loose and vague ; but the council for the defence chiefly based his arguments in favor of the prisoner's insanity upon them. There had been certain peculiarities of conduct and absurd delusions ; the man was of a morose and reserved disposition, but we do not collect from the evidence that he had ever attempted suicide. It does not appear that he was ferocious or cruel ; his counsel dwelt much on his humanity to the brute creation, a fact, which, in his view, did not accord with the ferocity of a sane assassin. In this view we have a good example of legal ingenuity ; for one strong feature of moral insanity, leading to homicidal madness, is cruelty or ferocity of disposition ; so that some physicians have given to it the name of brutality. Thus it will be seen that the very reverse of the usual condition was received without comment as a proof of the existence of homicidal madness. In the language of Mr. Rumball, there was no indication of diseased destructiveness about him. We put no great stress upon this, one way or the other, or upon the absence of the suicidal tendency before and after the crime ; but it shows that the proofs of homicidal insanity are of so ambiguous a character that a barrister may select either of two opposite conditions in favor of his argument.

Next we come to *motive*. There was no apparent motive on the part of the prisoner in shooting Mr. Drummond ; but we think we have said sufficient to show that this should not be received as evidence of insanity ; it merely makes out a *prima facie* case for inquiry. Further, it was argued by the counsel for the defence :

"The manner in which the murderer sets himself to the consummation of his crime, as well as his subsequent conduct, is very different from the proceedings of a madman. The former often has accomplices ; he commences with premeditation, lays a plan before hand, chooses time, place and circumstances adapted to the perpetration of the deed, and generally has contrived some way of escape. He always studies concealment and personal safety, and when there is danger of detection, uses all possible despatch to escape the punishment due to his crime. All these particulars are reversed in the proceedings of the madman.....A common murderer would have acted in a different manner, he would have chosen a different time, a different place, he would have sought safety by escape."

It is with something like dread that we witness these displays of forensic eloquence and ingenuity in questions of criminal responsibility. While, on the one hand, they may lead to the acquittal of one who is responsible ; on the other, they may bring about the condemnation of an irresponsible agent ; this is a pure matter of accident, depending on the fact of whether

the ability be displayed on the side of the prosecution or defence. In the quotation which we have above made from Mr. Cockburn's speech for the prisoner, we have what appears to be well-marked points of difference laid down; although he had just before adduced and commented in favor of his views upon cases which completely overturn the differences thus sought to be established! Thus Hadfield's case is quoted among the instances of homicidal insanity; but probably there never was an attempt made upon life, in which there was greater premeditation, precaution, or a better choice of time, place and circumstances, than in the attack made by this monomaniac on the life of George the Third! We also think it is obvious that if a man, whether sane or insane, have the design to shoot the sovereign, a minister of State, or any great public character, he can seldom have an opportunity of doing this except in public, and therefore under circumstances in which any attempt at escape would be commonly futile. With respect to accomplices, it is true that we never find them in cases of homicidal monomania, but they are also generally wanting in crimes of peculiar atrocity and magnitude. The cases of Greenacre, Good, Courvoisier, and others, afford a sufficient proof of this fact. M'Naughten made no attempt to escape, or to deny that he had shot the deceased: this, as we have already observed, is a pretty uniform character of homicidal monomania; although a question might have arisen as to what he would have done, supposing he had not been seized in the act of discharging a second pistol. Still, however, allowing the prisoner the full benefit of this point in his favor, we must protest against this being drawn, as it was in this instance, into an absolute proof of homicidal monomania.

It is well known that when murder is committed through the motives of passion or revenge, whether apparent or concealed, there is frequently no attempt made to conceal or deny the crime, there is no attempt at escape, and yet such persons are made responsible for their acts.

The only other point in the legal defence upon which we have to offer a remark is this, that the counsel adopted Lord Erskine's doctrine, i. e., in order that there should be irresponsibility, two facts must be proved: 1, that there should be delusion; 2, that the act of homicide should be connected with the delusion. Admitting that the first point was proved in M'Naughten's case, we do not see how in any part of the defence the delusion was brought to bear upon the deceased as an individual. It was urged that the prisoner considered him to be one of his persecutors; but he was a perfect stranger to him, and therefore the prisoner might as well have shot any other person in the Queen's dominions; for it was of course a matter of accident as to who might appear to him to be his persecutors. From the decision of M'Naughten's case, then, we infer that there may be the most broad and unrestricted application of this principle relative to the connection of the act of murder with the delusion.

Eight medical witnesses gave evidence on the prisoner's state of mind. They all agreed that at the time he committed the act he was laboring under a delusion, and that he was led on by an impulse so irresistible, that nothing but a physical impediment could have prevented him from

committing it. (Dr. Hutchenson.) It is remarkable that questions were allowed to be put to the witnesses on this trial, which have seldom been permitted on former occasions. Thus some were asked whether they considered the prisoner responsible for his actions—a question which has been hitherto left to the jury to decide from the medical and other evidence adduced in the case. There are strong objections to this mode of examination, for it is like placing the issue of guilty or not guilty in the hands of the medical witnesses; and we attribute to this, the great public dissatisfaction expressed at the verdict in M'Naughten's case. So long as a prisoner, or those who act for him, are allowed to select the medical witnesses, who are to speak to his state of mind, we think it would be at least prudent not to permit questions to be put in this form. If the witnesses are really independent, and they might easily be made so for this purpose, there could be no objection to the prisoner's having the benefit of their opinion under these circumstances. But it is obvious that the counsel for a prisoner would never summon any witness who could not speak in his favor; and if what this witness is to deliver under the name of evidence substantially includes the verdict of the jury, we do not see why the prisoner and his friends should not be at once allowed to select their own jury. Let us suppose in a case that twenty medical witnesses are appealed to, and while one half agree that the case was one of insanity, the other half do not; it is very clear that only the ten first witnesses would be called for the defence; and, unless an equal amount of industry was displayed on the part of the prosecution, the verdict must be carried in the prisoner's favor. It will be impossible, we think, to eradicate the suspicion of unfair dealing on these occasions so long as this bad practice is adhered to. The result concerns the country, and if medical witnesses are in any case to assume the functions of the jury, their selection should lie with the country and not with the prisoner. In this case the evidence was felt to be so conclusive in favor of the existence of homicidal monomania, that the jury under the direction of the judge acquitted the prisoner on the ground of insanity.

The case of M'Naughten has called forth many comments, a strong impression having existed, both in and out of the profession, that the plea of insanity had been stretched to an improper extent. On this point most men will of course form their opinions according to their reading and experience on the subject; nor will these opinions be much influenced by what is said by journalists and reviewers. In accepting the verdict of the jury as the only verdict which the medical evidence would warrant, we are bound to state that in our judgment there is no case on record, if we except that of Oxford, where the facts in support of the plea of insanity were so slight; and when we reflect upon the cases of Bellingham, Lees, and Cooper, the last two tried at the same bar and executed within the last few years, we feel that there is both uncertainty and injustice in the operation of our criminal law. Either some individuals are improperly acquitted on the plea of insanity, or others are most unjustly executed.

This state of things requires to be remedied; it is wholly inconsistent

with our views of justice, that the acquittal or conviction of supposed lunatics on capital charges should depend not on the merits of their respective cases, but on the ability and ingenuity of counsel, and the metaphysical speculations of medical witnesses upon the question of criminal responsibility. One case becomes a subject of prominent public interest, and every exertion is made to construe the most trivial points into evidence of insanity; an acquittal follows. Another case is left to itself; and, as the line of demarcation between sanity and insanity is scarcely appreciable without good legal and professional assistance, the accused is necessarily convicted, and either executed or otherwise punished; although the proofs of insanity, had they been as carefully sought for and brought out, would have been as strong in this as in the former instance. In point of fact, there is no more stability in judicial decisions than there is in medical evidence; and we think that one great improvement in the present system would be to leave the question as to the state of the mind only to the medical witnesses; and that of responsibility and punishment for the act, to the judge and jury.

M'Naughten's case has certainly proved that there is a very narrow line which separates crime from insanity; and the expressed intention on the part of certain members of the Legislature to bring forward some preventive enactment shows that there is at least a well-founded dread that after the result of this trial, the plea of insanity may be carried too far. The verdict has completely overturned the old doctrine of implied malice in law; for, after this, how can a person be convicted of murder for killing one who is wholly unknown to him? If a man wilfully, and without provocation, fired a gun into the midst of a crowd and killed a person, this was formerly held to be murder, since the act was considered to imply malice against all mankind; but it might now be fairly contended, the individual was not responsible; "he had no accomplices, he had no motive for the act, he did not watch his opportunity and kill the person secretly, he laid no plan for his escape, and did not attempt to escape after perpetrating the crime; he made no denial of the crime, but calmly resigned himself to his fate." This is the substance of Mr. Cockburn's defence in M'Naughten's case; and, taking this as a precedent, such a defence would probably lead to an acquittal under the circumstances above supposed, on the ground of insanity. It might be contended that an act so committed would of itself always indicate insanity; we, however, would say that the act might sometimes depend on moral depravity, and that then the perpetrator should be dealt with differently to one who killed another in a fit of delirium, or during a paroxysm of mania.

CAUSES OF DECAY IN HUMAN TEETH.

[A WORK on the "Structure, Economy and Pathology of the Human Teeth," &c., by Wm. Lintott, Surgeon, has recently been published in London. The following remarks on the production of decay are copied from it.]

My own opinion with regard to the formation of decay is founded upon the endosmotic phenomena which I suppose to be taking place in the structure of the tooth. Thus, as no bloodvessels are traceable into the texture of the ivory, I conceive that the animal part of this structure derives its nutrition from the colorless liquor sanguinis imbibed by the tubuli from the vessels of the pulp. This mode of nutrition is seen in various of the tissues of the body, as, for instance, in cartilage, in the cornea, &c. That the tissue of the tooth is imbued with fluid is evident from its solidity and color; and also from its difference of weight in the fresh and dried state. This fact may be easily illustrated by immersing a dried tooth in water, when it is observed to absorb a considerable proportion of the water, and become materially changed in its density.

Now I think that I am warranted in inferring that the nature of the fluid permeating the tooth from the vessels of the pulp is, in the normal state of the system, always similar.

On the other hand, the crown of the tooth may be regarded as being immersed in the salivary fluid by which it is constantly surrounded, and, as we know, this fluid undergoes a change from alkaline to acid by simple exposure to the influence of atmospheric air within the mouth. Again, from containing a large proportion of nitrogen, the saliva is constantly subject to a change in character from decomposition; and, lastly, the fluids of the mouth are obviously very much affected by the state of the stomach, and disease of various kinds.

Now, in the above statement we have the precise conditions which are best calculated to induce an active endosmosis; an alkaline fluid contained within the tubular texture of the tooth, an acid fluid externally, the two being separated by an animal tissue. To question the existence of endosmosis under such circumstances would be to dispute the first principles of physiological science. But what, asks my reader, are the results which I deduce from my positions? They are important, and the following:—In the first place, it is by this process that the color of the teeth is altered in disease; that they become yellow and discolored during illness by the transudation or endosmosis of discolored and morbid fluids. And by the same process they are capable of regaining perfectly their original and wonted whiteness.

Secondly, I regard this endosmosis as the means by which the calcareous matters are first dissolved, and secondly removed in a state of solution from the tubuli, leaving behind only the animal texture of the ivory, and thus establishing decay. I may be asked why, admitting my proposition, the decay should be localized to a single spot? Why should not all the tubes be affected similarly and simultaneously? My reply is, that the part most likely to be attacked, and that which under the above circumstances I believe to be affected, is one which is already placed in a morbid condition, either by imperfection of development or by injury to the tubular structure from pressure, &c.

The first indication of the existence of decay of the ivory of the tooth is a slight discoloration, which is perceptible through the semi-transparent enamel.

Decay progresses much more rapidly in some individuals than in others. The bone becomes softened by the removal of the earthy or calcareous part, leaving the organic or animal part behind, and is destroyed in a direct line from the surface towards the centre of the tooth, in the course of the tubuli. The base on which the enamel rested is thus removed, some accidental pressure in masticating bears upon the spot, the enamel breaks down, and a cavity is suddenly found to exist in what had probably, hitherto, been deemed, by the unsuspecting owner, to be a sound tooth.

It must have attracted the attention of every practical dentist that one situation in the tooth is remarkably subject to decay; I allude to the deep groove which exists upon the surface of the crown of the molares, and forms the line of separation between the tubercles. The first indications of decay are almost constantly perceived in this situation, and in the course of a groove which is frequently found on the outer side of the first molar of the lower jaw.

In reasoning upon the probable cause of the frequency of decay in these situations, I was at first led to infer that the diseased action must depend upon the collection of fluids and upon the decomposition of alimentary matter in these grooves. But I must confess that this explanation, although undoubtedly partly applicable to the morbid process, was far from satisfactory when I reflected that the decay occurred as frequently in the teeth of the upper as of the lower jaw; that it affected several teeth simultaneously; and was not unfrequently absent in the lower while it was present in the upper jaw.

Finding, from repeated observation, that in teeth affected in the manner above described, the structure of the enamel was unnaturally brittle, and that the disease followed very accurately the line of the depressions on the crown, I was led to the opinion that the extreme susceptibility to diseased action must depend upon defective formation in this part of the tooth, and further investigation has served to convince me that this is really the case.

The mode of formation and growth of the tooth described by Mr. Goodsir throws considerable light on this point, and affords an explanation of the phenomenon which, to my mind, is perfectly satisfactory.

By referring to Mr. Goodsir's explanation of the production of the form of the upper surface of the crown of the tooth, it will be seen that this depends upon the development of a number of opercular processes corresponding with the number of the tubercles of the tooth. These opercula meet at a line corresponding with the future groove upon the crown, and at this point become joined and continuous with each other, so as to constitute a single membrane, by the vessels of which the enamel fibres are secreted. Now, if we suppose these opercula, in consequence of interference in development, to approximate only partially and imperfectly, or to unite and form a cicatrix, insufficiently supplied with blood-vessels, the natural consequence must be an improperly formed enamel, and one susceptible of falling an easy prey to the chemical influence of the decomposing fluids lying in contact with it and imbibed into its texture.

Such, in my opinion, is the real cause of decay so constantly happening in the situation referred to—a morbid process, which, it will be observed, differs from the ordinary course of disease by commencing in the enamel and thence extending to the ivory, and not, as is usually the case, affecting first the ivory and secondarily involving the enamel.

[*Unequal lateral pressure* is also considered by Mr. L. as one of the principal exciting causes of decay.]

FOREIGN BODY IN THE BRONCHUS.

[THE following is a more particular account of the case referred to on page 425 of the last volume of this Journal. It was read by Sir B. C. Brodie before the Royal Medical and Chirurgical Society, in London, on the 27th of June last.]

The author's object in this paper was to describe a case in which a half sovereign was lodged in the right bronchus of the patient for a period of thirty days, and in which certain novel measures adopted for its removal proved successful. It was on the 3d of April, while the patient, Mr. B., was amusing some children, that the coin which he had in his mouth accidentally slipped into the trachea. The symptoms which succeeded were principally occasional severe fits of coughing, and a sense of pain referred to a part of the chest corresponding to the situation of the right bronchus. No particular sounds were detected by the use of the stethoscope. The patient was able to pursue his usual avocations, and made two journeys into the country. On the 19th of April, having placed himself in the prone position, with the sternum resting on a chair, and his head and neck inclined downwards, the patient had a distinct perception of a loose body slipping forward along the trachea; a violent convulsive cough ensued, and, on resuming the erect posture, he again had the sensation of a loose body moving in the trachea towards the chest. An apparatus of the following kind was now constructed. A platform, on which the patient could lie prone, was made to move on a hinge in the centre; so that on one end of it being elevated the other was equally depressed. On the 25th of April the patient was laid on this apparatus, with his shoulders and body fixed by means of a belt, and his head was lowered to an angle of nearly 90 degrees with the horizon. His back was then struck several times with the hand, but violent fits of choking were brought on each time, and it was not deemed prudent to continue the experiments. On the 27th it was agreed in consultation to make an opening in the trachea, between the thyroid gland and the sternum. In proposing this, the object was two-fold: 1st, that an attempt might be made to extricate the coin by the forceps; 2d, that if relief could not be obtained in this manner, the artificial opening might answer the purpose of a safety valve, and the experiment of inverting the body on the platform be repeated without the risk of causing suffocation. The operation having been performed, several attempts to extricate the coin were made, but without success; and, on each introduction

of the forceps, paroxysms of convulsive coughing of such a violent kind were brought on, that it was plain that the attempts could not be persevered in without danger to life. On the 2d of May, a renewal of these trials was followed by the same results. On the 13th, the wound in the trachea having been kept from closing by the occasional introduction of a probe, the patient was placed on the moveable platform as described before; his back was then struck by the hand; two or three efforts to cough followed, and presently the patient felt the coin quit the chest, striking, almost immediately afterwards, against the incisor teeth of the upper jaw, and then dropping out of the mouth. No spasm of the muscles of the glottis took place; a small quantity of blood was ejected at the same time, apparently coming from the granulations of the external wound. From this date the patient proceeded rapidly to get well.

The author concluded by making observations on the following heads: 1st, on the influence of the size, weight and form of a foreign body introduced into the windpipe, in modifying the symptoms; 2d, he referred to experiments which showed that a heavy body, like the coin in the present case, was most likely to drop into the right bronchus; 3d, he adverted to the want of success attending the use of the stethoscope in this and in some other cases of the same kind; 4th, he pointed out the reasons on which he had founded his opinion, that the artificial opening made in the trachea would prevent spasm in the glottis, and thereby give greater chance of success to the experiment of inverting the patient's body on the moveable platform; lastly, he dwelt on the difficulties and dangers attending the use of the forceps, when a weighty body is lodged deeply in one of the bronchi, as was the case in his patient.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

AUGUST 9, 1843.

The Hot Springs of Virginia.—Throughout North America, the evidences of great geological revolutions, by the combined agencies of volcanic fires and water, are strikingly manifested. Although mighty furnaces, in the deep recesses of the earth, belch out terrifically, at times, in some parts of the old world, there have been no alarming disturbances from that source in this country, since its occupancy by civilized man. When the safety valves are in disorder, there is a trembling of the mountains, but the earthquake has not yet been characterized by that destruction which marks its progress in equatorial regions. But all former upheavals from below, and the supposed surgings of a restless ocean over the now beautiful landscape, were doubtless only the necessary preparations for the advent of our race. As though contemplating the infirmities incident to humanity, nature established her laboratories underneath the rocks, which are inaccessible and mysterious fountains of

health, but whose waters are urged upward to the surface with unabated force, from age to age, to which she invites us to go—to wash and be clean, to drink and be well.

Saratoga has its interests: its medicinal waters are peculiar, and in some respects unsurpassed; but if the traveller marvels over Congress Spring, or wonders at the singular combination of mineral substances suspended in the Iodine and the neighboring fountains, how much more exciting are the phenomena connected with the present condition and early history of the range of medicated mountain rills of Virginia. Without particularizing the virtues of either at the outset, there are considerations in regard to the condition of some of them, that should not be overlooked either by the tourist or the physician. Almost on the pinnacle of a lofty mountain in western Virginia, there gushes up from the ground a large and unceasing flow of warm water. This is the celebrated Warm Spring. Five miles farther west, on a gradually descending stage road, is another, of universal celebrity—the Hot Spring. It is rightly named, for there is an inexhaustible fountain of hot water continually forcing its way to the surface—always raised to the unvarying temperature of 106 degrees. The fact is assumed by all intelligent visitors, that this water is heated by a subterranean fire, at no great distance from the surface. The water percolates from the sides of the mountain down through fissures, till it ultimately collects in a vast body in a series of lime-stone caverns, from whence it is raised by a constant hydrostatic pressure, the principles of which are well understood. Professor Rodgers, of the University of Virginia, supposes that it is possible the water is brought in contact with heated rocks at the depth of five hundred feet. Certain it is, therefore, that a volcano is quietly burning at the base of the mountain, the chimney of which is filled with water, and that accounts for its impregnation with sulphur, &c.—the characteristic of nearly all the Virginia springs. Dr. Goode, the owner of the Hot Spring, an eminent practitioner residing on the premises, whose acquaintance with the philosophy of thermal waters is most extensive, is satisfied that a large lake of hot water once filled the present valley—and lasted so long that its original boundaries are recognized at the present day on the sides of the mountain. When the principal bath was excavated (the site having been selected on account of the circumstance that the snow always melted away soon after it fell on that spot), the laborers came to a large rock, which sank almost as quickly as a little of it was exposed. The men sprang out of the pit in the greatest state of alarm, declaring to Dr. Goode that they heard it roll onward and downward, from point to point, for more than a hundred yards, till the sound died away in the fathomless abyss below.

However much these considerations may fall within the province of the geologist, they are of general interest also to the student of nature. The study of medicine embraces an extensive field, since all the remedies at our disposal are drawn only from three sources—and an essential one is the mineral kingdom. Many of the best preparations are but poor imitations of nature. Her manufacturing warehouse is under ground, where she elaborates inexhaustible quantities of medicine, admirably calculated for overcoming and removing a multitude of maladies to which our bodies are incident. The more we know of their character, the

greater is our confidence in their efficacy. Hence the increasing reputation of various watering places.

Unless some system is pursued in taking the waters of these springs, the effects are not always in accordance with the high-wrought expectations of the invalid. Multitudes, who might have been benefited by a judicious administration of them, reap no advantages whatever in consequence of inattention to proper rules. It is chiefly by a topical use of the hot-spring water that the greatest and altogether most marvellous cures have been effected. Neuralgic complaints of an obstinate character have been known to yield to its influence, when all other measures were abortive. To insure the most marked success, however, it is necessary to be under the guidance of a person who has ascertained, by long observation, the exact state that the body should be in to receive it. Next in importance, the functional diseases of females are treated with great benefit and certainty by the medicated baths at the Hot Spring. Numerous instances might be cited, from elevated sources, to show what extraordinary success has attended the regular application of a forcible current. Thus many neuralgic, and those other affections alluded to, which are always troublesome and often incurable by ordinary means, are sometimes brought within a manageable sphere by the Hot Spring water, when all other efforts had failed.

Perhaps, however, much positive injury is done by this water, notwithstanding the established fact that great good is more frequently accomplished. But it is only, we apprehend, when the individual presumes upon his own scanty knowledge of its powers, that any bad effects are produced. No error needs more immediate correction than this, amongst the strangers who cluster together in astonishing numbers around the bath-house, viz., plunging in at all times, in all conditions, from the bed, the table, or when too much heated, or when cold, regardless of all consequences. There would be quite as much propriety in walking into the shop of an apothecary and helping oneself to anything upon the shelves, without advice, as heedlessly leaping into the pool at 106 degrees, or standing under the spout as long as the sensation proved agreeable. The sick stranger should neither bathe at the Hot, nor drink at the Red, the Blue or White Sulphur Springs, till his case has been investigated by a competent physician. Such, we are happy to announce, resides at each fountain, in whom implicit confidence may be placed—Dr. Goode at the Hot, and Dr. Moorinan at the White Sulphur. Both these gentlemen have in contemplation a publication on the mineral waters of this country. Physicians in the northern States will be gratified with works from sources so respectable, to guide them in their advice to those whom they sometimes feel obliged to send away from home. Since chronic rheumatic affections have become unusually frequent at the North, and the Hot Spring has been so often found to be a sovereign remedy, the more extensively the fact is circulated, the more gratifying it will prove to the profession throughout that section of country.

Professor Bartlett, of Transylvania University.—A correspondent in the State of Tennessee, in a letter to the editor, speaks of our late neighbor, Dr. Bartlett, in the following terms. Though the praise bestowed may be thought a little exaggerated, it is well meant, and we should be the last to say that it is not well merited :—

"No scientific man was ever the object of greater admiration, or ever diffused, in the same time, more important and lasting benefits, than Prof. Bartlett. In connection with Professor Cross, of the same institution, he has done more to dispel the idle systems in medicine than all the medical teachers in this great valley. They have worsted empiricism in the West, and given increased dignity and higher standing to the profession of medicine. Professor Bartlett's work on Typhoid and Typhus Fevers should be in the hands of every practitioner of medicine.

Pelham, Tenn., July, 1843.

G. D. C., M.D."

Legalized Quackery.—Dr. Drake, in his travelling editorials, in the Western Journal, gives a curious account of the laws in Alabama with regard to the practice of medicine. If the statement had come from a source at all questionable, we should have considered it a hoax which had been put in circulation for the purpose of showing the public how carefully *pure* Thomsonism is watched and guarded by the State alluded to. "Alabama," says Dr. D., "has long had a law denying to those who practise medicine without a diploma or a license, the benefit of her courts in the collection of their debts. We do not suppose it has done any more good in this than in other States; but still it served as a theoretical expression in favor of science. Lately, however, it has been so modified as not to interfere with 'any persons' who practise on the 'botanical system of doctor S. Thomson;' provided, nevertheless, that they 'do not bleed, apply a blister of Spanish flies, administer calomel or any of the mercurial preparations, antimony, arsenic, tartar-emetic, opium or laudanum'! It would be difficult to say whether doctor Thomson's patent, or this law, is the more precious specimen of empiricism. It is marvellous that a people so enlightened as those of Alabama, should allow their statute book to be made ridiculous by such nonsense."

Mesmerism.—On the subject of this *science*, as now practised at the South, Dr. Drake remarks—"Alabama is not more thoroughly overrun with the disciples of doctor Thomson, than those of Dr. Mesmer. Anxious to have the phenomena of Mesmerism subjected to a rigid examination, the true separated from the false, and the public mind kept in a healthy condition in reference to both, we cannot but regret to see one travelling mountebank after another, traversing the south-west, for the purpose of extracting money from those who are credulous enough to believe that *he* can do anything in which men of sense will confide. It is truly unfortunate for Mesmerism that it should have fallen into such hands. Things are coming to that kind of pass, that we shall soon not be able to distinguish the pass of an impostor from the pass of a scientific Mesmerizer, and, in discouragement, pass the whole by; not even making it a pastime of a passable kind, as it was in days past; and when this happens, there is great danger that it will be passed over and fall into a somnambulist state, from which the passes of the most scientific hand may not awaken it, till the remembrance of what is now doing to degrade it has passed away."

Geological.—Dr. Henry Frost, a former correspondent of this Journal, relates the following circumstance as having occurred recently in Dorchester county, Maryland :—" At the house of Mr. William Jones, an old and respectable inhabitant of this village, a well was dug, forty-one feet deep, seven of which was through a solid rock, and beneath which was found (and is now in my possession) a piece of *cast iron, with traces upon it which prove it to be from an artificial and tasteful mould.* There is no evidence whatever that the soil where the well is, is *alluvial*, but quite the reverse. *Shells* were also found at the same depth. The water of this well is a *mineral water*, and abundant, and in a time of a drought sufficient to supply the whole village."

New York Hospital School of Medicine.—A medical school, we are informed, is about to be established, under the sanction of the governors of the New York Hospital, by the physicians and surgeons of that institution.

The lectures will probably commence early in September next, and will be continued regularly in future during two months in the spring, and two months in the autumn of each year.

Systematic courses, embracing most of the practical departments of the profession, will be given by Drs. Post, Buck, Watson, Swett, Griscom, and the Curator of the Hospital Museum, Dr. Sabine. These will be aided by clinical lectures and practical remarks at the bedside, by each of the physicians and surgeons during his regular course of duty; and probably also by a few lectures from some or all of the consulting physicians and surgeons of the institution.—*N. Y. Jour. of Med. and the Collateral Sciences.*

Medical Society of Nashville.—The physicians of Nashville have commenced a spirited organization under the above title, for the cultivation of medical science and the improvement of its members, as well as the establishment of a code of professional ethics. The Society has held several meetings, elected officers, and made altogether an auspicious beginning. Nearly all the physicians of Nashville are members. The officers of the Society are—Boyd M'Nairy, M.D., *President*; G. W. Dickinson, M.D., *Vice President*; A. H. Buchanan, M.D., *Corresponding Secretary*; R. C. K. Martin, M.D., *Recording Secretary*; and C. K. Winston, M.D., *Treasurer*. The officers are elected for one year.

The discussions that have taken place at the meetings of the Society displayed a zeal in the cause of medical learning, and a spirit of research, highly creditable to the members, and which augurs well for its good influence upon the profession. We hope this association will lead to the formation of similar societies in all the towns of the State.—*West. Med. and Surg. Journal.*

Indiana Medical Institute.—The Society of the Indiana Medical Institute, held its annual meeting on the first of May, 1843. The following officers were elected for the ensuing year :—Dr. Samuel Barbour, *President*; Dr. Wm. Bracken, *Vice President*; Dr. W. H. Martin, *Secretary*; Dr. J. Helm, *Treasurer*; Dr. Wm. Frame, *Librarian*; Drs. H. J. Sex-

ton, J. Helm, and Wm. Frame, *Censors*. The Board of Examination consists of the following gentlemen:—Dr. H. G. Sexton, *anatomy and physiology*; Dr. J. W. Trees, *materia medica*; Dr. R. Robins, *chemistry*; Dr. J. Helm, *Institutes and practice of medicine*; Dr. John Arnold, *surgery*; Dr. Wm. H. Martin, *obstetrics and diseases of women and children*.

Dr. Trees read the history of a case of disease of the great sympathetic nerve. Dr. Martin reported a case of obstinate constipation, attending a case of intermittent fever, which nothing would control but large doses of quinine. Dr. Robinson also reported a case of obstinate constipation. Dr. Arnold reported a case of inversion of the uterus, which had existed two years.—*Western Lancet*.

Death of Hahnemann.—Dr. Hahnemann, the founder of homœopathy, died in Paris, on the 9th of July, aged 88. The Commerce, alluding to his death, says—"Dr. Hahnemann was born in 1755, at Meissen, of poor parents, and owed his education to the great aptitude for learning he gave evidence of at the little school where he was first placed. He discovered in 1790 the new system which he afterwards designated homœopathy. He had the satisfaction of seeing his system, after half a century's existence, spread over every part of the globe; and just before his death he learned that homœopathy was about to have a chair at the University of Vienna, and the hospitals in all the Austrian States, at Berlin, and at London."

Fatal Rupture of the Trachea.—An infant, affected with bronchitis, threw its head violently backwards during a fit of coughing. On a sudden, emphysema was seen to extend rapidly through all the subcutaneous tissue in the neck, face, and a large part of the chest; and the child soon died. On opening the body a rupture was obvious in the first inter-cartilaginous space of the trachea, extending transversely for four-fifths of an inch, and which was doubtless caused at the instant above indicated. No other lesion capable of producing death was discoverable.—*Schmidt's Jahrb., in London Lancet*.

BOOKS, &c., RECEIVED.—Dr. Moorman's notice of the White Sulphur Springs—Dr. Gilbert's biennial circular of the Private Medical Institute at Gettysburg, Pa.—Dr. Frost's report of a surgical case, in the Frederick "Olive Branch"—New York Journal of Medicine, from Jordan & Co., 121 Washington street, Boston.

MARRIED.—In Ashfield, Mass., May 2d, Stephen J. W. Tabor, M.D., of Shelburne Falls, to Miss Melvinia L. Knowlton, daughter of Charles Knowlton, M.D.—In Bedford county, Tenn., Geo. D. Callender, M.D., of Pelham, Tenn., to Miss Mary C. Hopper.

DIED.—At St. Andrews, L. C., Dr. Abner Rice, 74, a native of Shrewsbury, Mass.—In Cincinnati, Ohio, Richard Eberle, M.D., 33.—At Columbia, Conn., Dr. Warren A. Fuller, 42.

Number of deaths in Boston, for the week ending Aug. 5, 33.—Males, 30—Females, 13. Stillborn, 1. Of consumption, 5—Inflammation of the lungs, 2—infantile, 2—Inflammation of the bowels, 3—*cholera infantum*, 1—marasmus, 1—hemorrhage, 1—drowned, 1—erysipelas, 2—disease of the brain, 1—diarrhœa, 1—hooping cough, 4—fits, 1—bursting bloodvessel, 1—rheumatic fever, 1—child-bed, 1—smallpox, 1—dropsy on the brain, 2.

Under 5 years, 14—between 5 and 20 years, 2—between 20 and 60 years, 15—over 60 years, 1.

Statistics of Bethlem Hospital, with Remarks on Insanity. By JOHN WEBSTER, M.D.—In this paper (read before the Royal Medical and Chirurgical Society) the author brought before the Society a few statistical tables compiled from the registers of Bethlem Hospital, accompanied by a synopsis of seventy dissections recently performed at that institution.

According to these tables, it appears that 4404 curable patients of both sexes were admitted during the last 20 years, of whom 1782 were males, and 2622 were females—thus giving 47 per cent. more women than men. During the same period, 1446 female patients were discharged cured, that is, 55 1·7 per cent. on the admissions; whilst only 823 male patients left the hospital convalescent, or 46 1·5 per cent. On the other hand, the number of deaths in both sexes, although exactly equal, or 112 of each, yet calculated according to their respective admissions, the rate among the male patients was 6½ per cent., and only 4¼ per cent. among the females. Similar results were likewise found to prevail among the incurable lunatics of both sexes. The author therefore concludes that insanity is not only more common among women than men, but also a more curable disease; so that, *cæteris paribus*, the prognosis may be considered as more favorable in female than in male patients. The diminished rate of mortality, and the greater proportion of recoveries, are also clearly shown by the records of the institution; since it appears that during the three years ending the 21st Dec. 1752, the proportion of patients discharged cured was only 31¼ per cent. on the total admissions; whilst for the three years ending Dec. 31, 1842, the cures amounted to nearly 55 per cent. The ratio of deaths, also, during the former period, was as high as 25½ per cent.—but only 5 5·8 during the last named three years, that is, about one-fifth the amount reported nearly a century ago.

The author next remarks on the diminished number of suicides in the insane patients admitted into Bethlem; observing, at the same time, its greater frequency among males than females.

A synopsis is then given of seventy dissections recently made by Mr. Lawrence, in which the various morbid appearances met with are carefully detailed.

The author concludes his paper with an allusion to the two sections of pathologists at present dividing the opinions of medical writers respecting the diseased alterations of structure met with in cases of insanity, viz., the “anatomists and vitalists,” the former considering them as causes, the latter only as consequences, of the previous mental affection. In his opinion the theory of the anatomists is the more rational, and most in accordance with the present state of our knowledge of the pathology of mania.—*London Medical Gazette.*

Ovarian Dropsy.—Our correspondent, Mr. Walne, has recently removed, with success, another dropsical ovary, in its entire state, by the large abdominal section. It weighed sixteen pounds and three-quarters. Some circumstances having occurred in the course of the patient's recovery, giving a fresh interest to the subject, the particulars will shortly be submitted to the profession. Mr. Walne's former case has been too recently before our readers to have escaped their recollection. The patient, we are informed, now enjoys excellent health and spirits, walks long distances, and experiences no kind of inconvenience as a consequence of the operation performed in the early part of November last.—*Id.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

Vol. XXIX.

WEDNESDAY, AUGUST 16, 1843.

No. 2.

THE MULATTO A HYBRID—PROBABLE EXTERMINATION OF THE
TWO RACES IF THE WHITES AND BLACKS ARE ALLOWED
TO INTERMARRY.

By J. O. Nott, M.D., Mobile.

THE reader will probably be astonished at this late day to see so novel an assertion as that the mulatto is a hybrid ; but I hope he will read and ponder upon the facts given below before he concludes that it has no foundation in reason.

A writer in the Boston Medical and Surgical Journal, under the signature of "Philanthropist," has made the following important and interesting statements.

[Dr. N. here quotes the article of our correspondent, on the longevity of pure Africans and the early deaths of mulattoes, which was published in the 10th No. of Vol. XXVII., and which it is unnecessary for us to re-print.]

The extracts above are from the November No., 1842, of the Boston Journal. I am rejoiced to see light breaking from this point of the compass, as the writer cannot be charged with sectional prejudice, or the influence of self-interest.

I have myself been actively engaged in the practice of medicine for the last fifteen years in the South, and in situations where the population is pretty equally divided between the blacks and whites. I was soon struck by certain facts connected with the mulattoes, and my attention since has been turned to their peculiarities. My observation has led me to the following conclusions :—

1st. That the mulattoes are intermediate in intelligence between the whites and blacks.

2d. That they are less capable of endurance and are shorter lived than the whites or blacks.

3d. That the mulatto women are particularly delicate—are subject to many chronic diseases, and especially derangement of the catamenia, prolapsus uteri, leucorrhœa, and other diseases peculiar to females.

4th. That the women are bad breeders and bad nurses—many of them do not conceive at all—most are subject to abortions, and a large portion of their children die at an early age.

5th. That the two sexes when they intermarry are less prolific, than when crossed on one of the parent stocks.

6th. That the above facts apply with more force to the Terceroons and Quarteroons than to Mulattoes.*

7th. That during the severe epidemics of yellow fever in Mobile in the years 1837, '39, and '42, I did not see a single individual attacked with this disease, who was in the remotest degree allied to the Negro race—I heard, however, of one or two cases in the practice of others.

I have thus far laid down what I believe to be truths—though the general rules, strong as they are, will be found subject to many exceptions. If true, they open to the philosopher and philanthropist a wide field for exploration. I will here attempt nothing more than to throw out some materials for reflection. I am well aware that my assertions would have much greater weight, if they were supported by statistics; but the habits and condition of the Mulattoes in the South render it extremely difficult to obtain satisfactory statistics—they would rest upon my veracity alone. In the northern cities ample materials exist for investigating this subject, and I hope it will be taken up by some one who will do it justice.

The space here allowed would not permit, nor does my present purpose require, that I should enter fully into the discussions on the natural history of the human race, or the many definitions which have been given of the term *species*. The Caucasian, Ethiopian, Mongol, Malay, and American, may have been distinct creations, or may be mere varieties of the same species, produced by external causes acting through many thousand years; but this I do believe, *that at the present day the Anglo-Saxon and Negro races are, according to the common acceptance of the terms, distinct species, and that the offspring of the two is a hybrid.*

Look first upon the Caucasian female with her rose and lily skin, silky hair, Venus form, and well-chiselled features—and then upon the African wench, with her black and odorous skin, woolly head and animal features—next compare their intellectual and moral qualities, and their whole anatomical structure, and say whether they do not differ as much as the swan and the goose, the horse and the ass, or the apple and pear trees. How all this comes to pass is not for me to say—it has pleased the Creator, at some period of time, so to make or change them. The American Indian, too, though living in all latitudes and in a savage state, besides his hair, beardless chin, well-shaped foot and leg, and tawny skin, has many other peculiarities which are just as striking.

I have said that the Mulatto is a *hybrid*. By this term is understood the offspring of two distinct species—as the mule from the horse and the ass. This is a very curious subject, on which much might be said; but I have space for but a very few general remarks. There are a great variety of hybrids running through the whole chain of animated nature, from man down through both animal and vegetable kingdoms. Some hy-

* Under the general term Mulatto, I shall for brevity include, Terceroons, Quarteroons, Quinteroons, &c.

brids do not breed, as the mule. There are instances of their having propagated when crossed back on one of the parent stocks. There are other hybrids which do propagate perfectly, as the offspring of the he-goat and ewe—the goldfinch and Canary birds, the cygnoides (Chinese goose) and common goose, &c. &c.

Hybrids when bred together have a tendency to run out and change back to one of the parent stocks. This has been remarked of the Mulattoes in the West Indies, and there are now in Mobile families of children from the same parents, some of whom are nearly white and others nearly black, and there is every reason to believe that the mothers have been faithful to their husbands.

A general law laid down by naturalists is, that the hybrid derives its size and internal structure principally from the mother, and a striking example is given in the mule. The mule, or offspring of the mare and jack, is a large and powerful animal, having the internal organization of the mother. The bardeau, on the contrary (the offspring of the stallion and jenny), is a small and comparatively worthless animal.

As many of these hybrids are governed by different laws, is it not reasonable that the human hybrid may also have its peculiar laws—may not one of these laws be (which might be inferred from the foregoing data) that the Mulatto or hybrid is a degenerate, unnatural offspring, doomed by nature to work out its own destruction?

The statistics given by "Philanthropist" prove that the Mulattoes are much shorter lived, and it is a common subject of remark in the southern States, that they are more liable to be diseased, and less capable of endurance, than the whites or blacks of the same rank and condition. What then could we expect in breeding from a faulty stock—a stock which has been produced by a violation of nature's laws—but that they should become more degenerate in each successive generation? We know that the parent will transmit to the child not only his expression, external form, character, temperament, &c., but even diseases through many generations, as gout, scrofula, consumption, &c.; why, then, may not that defective internal organization, which leads to ultimate destruction, exist in the Mulatto?

Estwick and Long, who are high authorities, in their histories of Jamaica, both assert unhesitatingly, that the male and female Mulatto do not produce so many children together, as if they were united respectively to negroes or Europeans. I am, too, credibly informed that these facts are verified in New Orleans, and that in that city there are many instances where families have run out so completely as to leave an estate without an heir to claim it.

It has been asserted by writers, that when the grade of Quinteroon is arrived at, all trace of black blood is lost, and that they cannot be distinguished from the whites. Now, if this be true, most of the Mulattoes must cease to breed before they arrive at this point of mixture; for though I have passed most of my life in places where the two races have been mingling for many generations, I have rarely if ever met an individual tainted with black blood, in whom I could not detect it without difficulty.

These higher grades should be extremely common if the chain was not broken by death and sterility. How else can the fact be accounted for?

Virey, a distinguished French naturalist, states, that the connections between Europeans and the women of New Holland are very seldom prolific! This looks very like some difference in species.

There are also some curious facts connected with the brain and intellectual faculties, which bear strongly on the question of distinct species.

It is well settled by anatomists and physiologists, that the brain of the Negro compared with the Caucasian, is smaller by a full tenth, that its nerves are larger, the head differently shaped, the facial angle less, and the intellectual powers comparatively defective. In the white race the fact is notorious that the child derives its intellect much more from the mother than the father. It is an old remark *that a stupid mother never produces an intelligent family of children*. Look the world over, and ask who are the mothers of the eminent men, and it will be found that there are few exceptions to the rule, that the mothers are above, and most of them far above, mediocrity; but this law is reversed when the white man is crossed upon the negress, or Indian woman—in the offspring the brain is enlarged, the facial angle increased, and the intellect improved. Every observer in the South will tell you that the Mulattoes have more intelligence than the blacks, and we know that the leading men amongst the Indians are the mixed class.

The Mulattoes do not make good slaves, and are always leaders in insurrections.

Buffon and other naturalists assert that *in hybrids the head resembles the father*. In the mule it resembles the ass—in the bardeau it is long, lean, with short ears like the horse. This law holds in other hybrids, and bears strongly on the question before us.

Lawrence, than whom there is no better authority, says, “the intellectual and moral character of the Europeans is deteriorated by the mixture of black or red blood; while on the other hand an infusion of white blood tends in an equal degree to improve and ennoble the qualities of the dark varieties.”

These remarks, though hastily drawn up, are the result of many years' observation; and I am satisfied that full investigation will show that they are substantially true. Every intelligent reader will see the many important bearings of this subject, and I hope it will fall into the hands of some one who has more ability and more leisure to bestow on it. If I can start the ball my object is accomplished.—*The American Journal of the Medical Sciences*.

A CURIOSITY IN OBSTETRIC PHYSIOLOGY.

By John H. Griscom, M.D., one of the Physicians of the New York Hospital.

IN the month of October, 1841, I was consulted by Mrs. R. M. H., for a hæmorrhagic discharge from the vagina, she being pregnant, as she believed, about seven months. This discharge had existed about five

months, mostly every day, but sometimes ceasing for a while; but latterly it had become more steady. She described it as apparently not pure blood, but a mixture of blood and water, or very thin blood, of a bright color, and never coagulated. She had felt the motions of the fœtus with considerable distinctness, until within a month, since when they had diminished in strength and frequency, and for the last few days had totally ceased. Her general health (except some muscular pains, and some difficulty in moving about actively), and her appetite, were excellent. She was bled on the 16th, the blood being unusually black. The operation enlivened her much, and she thought she felt some movement of the fœtus, but too indistinct to be certain of it. An examination of the abdomen, in the sitting posture, developed a general enlargement which was quite soft, with none of the uniform and peculiar firmness of the healthy impregnated uterus of that period. Midway between the umbilicus and pubis, the fingers could be pressed back nearly to the prominence of the sacrum. When this was done, there were distinct traces of a tumor, occupying the right iliac fossa, of an elongated form, and very tender to the touch, and a smaller tumor at the left side of the median line. The upper edges of both were distinctly perceived by the hand when pressed gently between them. There was no requirement for any interference until the 24th, when the husband came to me and said he believed she was in labor. I found her sitting up, and having what seemed very much like labor pains, every few minutes. These ceased in a few hours, but recurred slightly the following day. On the 26th she went to bed, complaining of severe pain in the abdomen generally, greatly increased at short intervals, but not subsiding entirely at the intermissions.

An examination, per vaginam, was now made, and a firm round tumor was perceived, giving the distinct impression of a fœtal head felt through the parietes of the uterus. It was moveable, as is ordinary in pregnancy, and motion was communicable through it to the abdomen.

The abdomen now became very tender to the touch, especially over the right tumor; the pulse rose to one hundred and thirty, and the tongue became coated; and though both tongue and skin remained moist, the tenderness of the abdomen soon became so excessive, that peritonitis appeared severely developed. The hæmorrhage from the vagina now disappeared, and did not recur. Active antiphlogistic treatment was adopted; and each successive effort produced a subsidence of the symptoms, but for a few minutes only. The flame would suddenly light up again, after a short period of ease to the patient, and of hope to the attendants, and burn with increased intensity, until, at the end of the week, she sank calmly in death.

When confined to the bed, Mrs. H. first informed me that she had *always* doubted her being pregnant, though she had had many of the usual symptoms, such as enlargement of the mammæ, with exudation of their milk, motions of fœtus, &c.; but the latter were often so obscure as to lead her to hesitate between them and borborygmi.

Autopsia in company with Drs. Boyd, Swett, and S. T. Smith. The

interior abdomen presented the usual appearances of inflammation of the peritoneum and intestines, with great vascular injection of the omentum, and loss of its substance; and among the folds of the bowels and through the cellular tissue, there was a large quantity of reddish purulent matter. In the right iliac fossa was a large tumor, of a blue color, and towards the left was the uterus, about the size of that organ in the second month of pregnancy. Extensive recent adhesions existed between the bowels and the tumor, and in separating them, several ulcerated holes were discovered in the membrane covering the tumor.

The tumor was found to dip down into the pelvic cavity, and was subsequently observed to occupy its entire extent. The contents of the pelvis were removed and laid upon a platter for closer inspection. The uterus was first opened longitudinally; it was very healthy looking, except in size, and was entirely void of anything like a *fœtus*. It contained a small quantity of mucus, and its inner surface was copiously dotted with red points. The left Fallopian tube and ovary were sound, as was also the right tube. The latter was traversed with some difficulty by means of bristles, up to the fimbriated extremities, which terminated against the tumor, the latter being in fact the right ovarium, developed to the size of a large cocoa nut. This was opened longitudinally, and immediately there was brought to view a perfectly-formed *fœtus*, of about six months, placenta and all complete. The child appeared to have been dead a considerable time; it was very soft, and the placenta was partially converted into purulent-looking matter, similar to that found in the peritoneal cavity. It had escaped through the openings before noticed. The ovarium, as now seen, consisted of a large sac, of a mingled muscular and membranous texture, about as thick as a silver dollar, and was irregularly divided into three or four large cells by membranous partitions. The *fœtal* head presented towards the vagina.—*N. Y. Journal of Medicine and the Collateral Sciences.*

FATAL CASE OF PERFORATION OF THE DUODENUM.

By Joshua W. Ash, M.D., of Delaware County, Pa.

T. R., *æt.* 50 years, of strongly-marked bilious temperament, energetically active in the prosecution of an extensive business, regular and temperate in his habits, and possessing robust, general health, was attacked suddenly, at 11 o'clock, A. M., June 15th, 1843, while sitting in a meeting for worship, with pain in the epigastric abdominal region of the most intense severity. He had complained for several hours previously of a heavy pain in the right hypochondrium, hard to bear, but not in his estimation sufficiently important to detain him at home. The same had occurred at several different times during the preceding week, which, after lasting a longer or shorter time, had gone off, leaving little or no inconvenience behind. Six weeks previously he had a chill, followed by fever, which confined him but for a day or two. His appetite was good, sleep natural; digestion, assimilation and other functions healthy; intesti-

nal, urinary and other secretions perfectly regular, and his whole health, with the above noted exceptions, had been perfectly good up to the moment of attack. I happened to be present, and being called upon, accompanied him home. His pulse was entirely unaffected, his tongue clean and moist, with a skin soft and natural, but which soon became bedewed with copious perspiration, from the intensity of his suffering. His stomach was calm, and he had had a free alvine discharge since breakfast. There existed reducible inguinal hernia of the left side, which was found upon examination entirely free from soreness and pain. In addition to the abdominal pain he complained much of a sense of stricture across the shoulders, extending from before backwards, such as would result from a hard cord drawn tightly across, causing an intensity of suffering, but little less in degree than the abdominal pain. To mitigate the extreme severity of the agonizing pain under which he was suffering, was to my mind the first indication, and one that called imperatively for prompt and decisive action. To effect this object, and with a view at the same time to speedily unload the bowels, I directed full doses of opium, combined with calomel and aided by stimulating enemata. A large sinapism was applied to the abdomen, and blood freely drawn from the arm.

Failing by these measures to produce the desired relief, the injections having in every instance returned without bringing away any fecal matter, I had him immersed in a warm bath, with only temporary relief. Blood was again drawn freely from the arm, and calomel and opium, in divided doses, alternated with castor oil and *sp. terebinth.*, directed to be given every two hours until the bowels should be moved, together with fomentations to the abdomen to be steadily and perseveringly applied. Upon taking the third dose of oil his stomach revolted, it was consequently discontinued, and infusion of senna substituted, which, with two grains of calomel, were directed to be continued every two hours, until the desired effect should be produced.

Twelve hours had now elapsed from the time of attack; the pain was mitigated but not subdued; on the contrary, it continued in a degree eminently distressing; the bowels had not yet responded to the measures used for the evacuation of their contents, the epigastric and hypochondriac regions (particularly the right) at this time had become in a high degree sensitive to pressure, the sensation produced being, as he expressed it, peculiar and indescribable, but not strictly painful: there being manifest disposition to sleep, I left him for the night, and saw him again at 5 o'clock the following morning. He had passed much of the night in a state of disturbed sleep, and was still dozing. Not yet was there any improvement in his condition, bowels still unmoved, the pulse had become irritated and accelerated in frequency. Directed a continuation of the treatment, with repetition of the warm bath. I gave a drop of croton oil, to be repeated in an hour should it not have operated, and left him until 9 o'clock, A. M., when I again saw him, and learned there had been a free discharge of blood from the hæmorrhoidal veins accompanying the return of an injection, but without the slightest relief to the symptoms; directed a steady continuance of the treatment till noon, substituting an emollient

poultice over the whole abdomen in place of the fomentations, and then, should relief not have been procured, six dozen leeches to be applied to the abdomen. The abdominal sensibility had become increased in acuteness without extending much beyond its former limits; still the sensation produced upon the slightest touch, although unbearable, was not that of *pain*, but, in his own words, "a sort of indescribable tickling of the whole insides." His respiration had now a marked character of abruptness. The tongue was still clean and natural, as was also the state of the skin over the whole body. Thirst, which hitherto had not been remarkably urgent, became now incessant, calling for small quantities of liquid. The stomach was still unaffected with nausea; extreme restlessness demanded an almost incessant change of posture; the position generally assumed was on the back, slightly inclining to one or the other side, with the head and shoulders elevated to an angle with the horizon of about 30 or 35 degrees.

8 o'clock, P. M. The leeching has not procured for him the slightest relief, but the operation having occupied a long time, has induced a good deal of exhaustion. The bowels still continue obstinately unmoved, and although the pain is not so agonizing as at the beginning, it is still harassing in no ordinary degree; in short, the whole condition of the man is one of unmitigated, indescribable wretchedness. From this time till the hour of his death, which event occurred at 7 o'clock next morning, forty-four hours from the time the attack began, was occupied in persevering endeavors to quiet irritation, combat the advancing evidences of inflammation, and procure alvine discharges; but it was all to no purpose, the bowels remaining obstinately closed until the last, not giving issue even to the discharge of gas, until within a very short time of death, when a free discharge of flatus took place. His stomach became sick about four hours before death, from which time he threw up at intervals small quantities of bile-tinged liquid. His mental manifestations were unclouded and calm throughout the whole period, excepting a few slightly delirious expressions, while in a half-sleeping state, when under the influence of opium.

Autopsy, eight hours after death, aided by my friend, Dr. William E. Haines. Present, Drs. Joseph Wilson and A. E. Small.

The exterior of the body presented no marks worthy of particular note. The abdomen, somewhat distended, was more resisting than is usual. Upon cutting into the peritoneal sac there was a rush of gas; its cavity was found to contain a large amount of serous liquid tinged with bile, bearing a close resemblance to the liquid voided from his stomach during the last few hours of life; and, in the more depending parts a heavier matter, of a muco-purulent consistence and appearance. Recently-formed imperfect adhesions existed between the abdominal walls and viscera, in the right hypochondriac and contiguous portion of the epigastric region, where the evidences of the highest degree of the inflammatory action were met with. From this point it appeared to have spread as from a centre, and extended itself over the diaphragm, liver, stomach, spleen, and transverse colon—the omentum partaking largely. The whole surface

of the liver, spleen and diaphragm, were coated with a layer of purulent matter; the small intestines exhibited but slight traces of inflammatory action. In the progress of the examination it soon became obvious that there existed somewhere a perforation of the intestinal canal, the search for which was commenced at the colic extremity. Passing ligatures around the bowel, it was cautiously separated by the scalpel, and carefully examined throughout its entire length, until, arriving at the duodenum, it was divided and removed. No evidences of disease deserving notice were discovered in any part of the removed portion, consisting of jejunum, ileum and colon. At this stage of the dissection, happening to notice that the gall-bladder was greatly distended, I passed my finger under its duct, and at the same time making pressure upon its surface, there was an immediate escape of some bilious liquid into the cavity of the belly, which led at once to the discovery of the perforation. This was of a circular form, with clean, even edges (as though it had been made by a shoemaker's punch), about as large as a medium-sized goose quill. Passing through the coats of the bowel near the entrance of the gall duct, it occupied a position on its concave or left side, about one and a half inches below the pylorus. Passing a ligature around the œsophagus, the stomach and duodenum were removed for closer inspection; laying them open from end to end, the perforation was found to have resulted from ulceration, which, judging from its appearances, was supposed to have occupied a long time in its accomplishment. Through the mucous and muscular coats it was about five-eighths of an inch in diameter, with clean, callous edges, rounded, and much thickened by interstitial deposition—the thickening extending but a little beyond the circumference of the ulcer. The internal coat of the stomach, as well as of the bowels, was apparently perfectly healthy, except only at the seat of ulceration, and for a few lines immediately around it. The gall-bladder was full to repletion, of a very thick, *black*, semi-liquid substance, which appeared to be bile mixed with venous blood. The colon contained a quantity of liquid feces; and in the small intestines a single lumbricus was found.—*Philad. Med. Examiner.*

NEW EXPERIMENTS ON THE PHYSIOLOGY OF DIGESTION.

CONSIDERING how much health and long life are dependent upon a due culture of the assimilating powers, Professor Schultz instituted a series of experiments on the physiology of digestion. He observes very justly (in his new work on “the Rejuvenescence of Man, or renewal of Human Life”) that the generally received opinions respecting the agency of the gastric juice are very unsatisfactory. They give no good account of mastication or rumination, or of the part the saliva takes in digestion, although digestion is performed in the mouth in many amphibia, and other animals have salivary glands in the stomach itself. Before relating the experiments of our author, we shall give the results of those already published in his work—*De Alimentorum concoctione.*

"1. That, excepting during digestion the secretions of the stomach are always alkaline; they are even alkaline at the commencement of digestion in many animals, and in those which fast long, as the hybernants, the contents of the intestinal canal are alkaline also.

"2. That the degree of acidity in the chyme in the different divisions of the stomach corresponds closely with the stage of digestion, is altogether different as the food is different, and becomes less as digestion is prolonged.

"3. That there is much less acid formed in the stomach during digestion, than is requisite to chemical action on the food. Chyme from vegetable food requires from one to one and a half per cent. of carbonate of soda for saturation; chyme from cheese requires from 1 to $1\frac{3}{4}$ per cent.; from flesh 2 to $2\frac{1}{2}$ per cent. All the chyme in the stomach of a calf, amounting to about four ounces, was saturated by less than half a drachm of the carbonate. From forty to sixty grains at the most will saturate any quantity that may be found in the stomach of a dog.

"4. That the stomach like all other mucous membranes secretes mucus only, but is specially adapted for absorption of fluids; consequently, the stomachs of fasting men and animals are quite empty.

"5. That there is a great quantity of saliva being constantly secreted and also swallowed, even when digestion is not going on; that in animals furnished with a stomach having a horny lining, the saliva thus swallowed collects in considerable quantities: that in animals in which the mucous membrane of the stomach is naked, the saliva becomes concentrated by the absorption of the watery portion, leaving the fixed constituents in the stomach. Many ounces of this concentrated saliva may be found in the empty stomach of the horse. The parotid gland of a single horse secreted more than 100 ounces of saliva in twenty-four hours.

"6. That, consequently, all fluids found in the stomach, or extracted from the mucous membrane, necessarily contain salivary matter, or rather saliva in a concentrated state; and also that all gastric juices which have been collected or prepared for experiments, contain the salivary constituents.

"To these statements may be added—*a.* That, as Spallangani well knew, no food can be digested artificially without saliva. *b.* That the chyme is not a chemical solution, but an organic compound formed by the transformation of the constituents of the food; as for example, starch being transformed into sugar, sugar into acids; changes which never take place in the common experiments on artificial digestion. *c.* That the acid of the stomach is a product of digestion; that the alkaline contents of the stomach are first saturated before free acid is present, and that the latter during fasting gradually disappears, and an alkaline condition is restored; the period required for the completion of the changes varying in length from six to twelve hours. *d.* Permanent acidity is only observed in diseased states of the stomach, as in heart-burn, in which the digestion is impaired, although according to the chemical theory it ought to be energetic. Fermentation and the formation of carbonic acid gas, which never take place in healthy digestion, result from

this diseased condition. *e.* The ingestion of acids during digestion interrupts that process under all circumstances.

"From all these statements it follows that the fluid which physiologists have termed the gastric juice, is only a medley of various things taken into the stomach, and not, with the exception of the mucus, secreted by it. The acid is a chemical product from the food, produced as the latter is continually agitated with the chyme. But above all, the acid gastric juice obtained by experimentalists from healthy men and dogs contained acid chyme. *There is, in fact, no such thing as acid gastric juice, but only sour chyme.*"—Pp. 187–190.

The flat contradiction here given generally to the inferences from Dr. Beaumont's experiments on the Canadian voyageur is followed up in a note by a special reference to these experiments. This contradiction is, however, pushed to its utmost limit when our author declares, in the very teeth of Dr. Beaumont's conclusions, that the saliva is the main agent in the digestive process. As this view has been advocated from experiments by at least one physician in England, we refer to Dr. Wright, and as it is also founded by Professor Schultz on carefully-made experiments, we shall notice it in detail as far as our crowded volume will allow.

New experiments on the digesting power of the Saliva. Prof. Schultz first prepared the saliva used in these experiments by concentrating it, for some, to the consistence of thin syrup; for others, to a state of perfect dryness. In the latter state it was reduced to a white friable mass, containing nevertheless the true digesting element; and formed, when rubbed up with five or six parts of water, a milky fluid, having the same proportion of fixed constituents as the less concentrated saliva, but constituting a fluid less effectual than the latter. The following are the results of these experiments:

"1. The transformation of potato-meal and of flour into sugar, by digestion in saliva at blood heat, was effected more rapidly in the concentrated than in the unconcentrated saliva. Transformation commenced in half an hour, and was completed in from two to three hours with an adequate supply of saliva.

"2. The mass thus acted upon by concentrated saliva acquired equally with unconcentrated saliva the power of changing unboiled starch into sugar. Free acid is formed in a small quantity only, just as in the digestion of boiled starch in the stomach.

"5. Cheese digested with concentrated saliva is acted upon almost immediately, and changed in from two to three hours into a chyme-like mass.

"4. Cooked muscular fibre colliquesces in like manner, the fibrils melting away, as I have figured in my previous work *De Aliment. Concoct.* The reduction, however, is not so rapid as that of cheese. This point appears to me of considerable importance, and is one not noticed in the accounts of the earlier attempts at artificial digestion. It must be observed that large portions of flesh are only chymified on the surface, so that the chyme thus formed must be removed by moving the portion under

experiment, so that the subjacent parts may be duly exposed to the action of the digestive fluid. Minute pieces colliquesce much sooner than large. The concentrated saliva of the horse (which is very alkaline) digests flesh and cheese more readily, if the alkali it contains be previously neutralized either wholly or in part. On the other hand, the transformation of vegetable matters, as from starch to sugar, is more quickly effected by strong alkaline saliva.

"5. The saliva of the dog is less alkaline, and acts on animal fibre like the neutralized saliva of the horse.

"6. The digestion of animal fibre in the saliva of a horse is facilitated by mixing vegetable matters with it, as boiled starch."—P. 191-3.

The rules for promoting digestion may be easily gathered from the preceding experiments. In the first place, the food must be well masticated. This rule every physician commends to his dyspeptic patients. But thorough mastication demands the exercise of good teeth and active jaws. The masseters rarely fail; the teeth often. The cause of dental decay is well hinted at by our author. Physiologically, the teeth are products of the epidermis, and their healthy condition is as much influenced by that of the mucous membrane of the alimentary canal, as the cuticle and hair are by the condition of the cutaneous organs. To brush and scrub the teeth is well enough when they are sound and the digestive powers are good; but when decay begins to take place, attention must be directed to the digestive organs, if the progress of that decay is to be arrested. The first consideration will be not to slip the food down imperfectly masticated for fear of exciting toothache, but to comminute the food more minutely before putting it into the mouth, and then mixing it well with the saliva. It is exceedingly probable that the decayed teeth for which the Germans and Americans are nationally notorious, are dependent in a great degree on the too rapid ingestion of their food, so common with all classes of these people.

The secretion of saliva continues after completion of the meals, sometimes to an extraordinary amount.—(De Alim. Concoct., p. 57.) To swallow the saliva thus secreted is the best, because natural, remedy against morbid acidity. If the post-prandial secretion be defective, sweet-meats are its best excitants.

In delicate persons the *temperature* of the stomach may be too low for proper chymification, and warm drinks should be taken. Too great a quantity also of acid may be formed towards the end of the process. If this be the case, soda-water is commendable, or the carbonate of soda, or "fluid magnesia," previously diluted, or a flow of saliva may be excited, and the product swallowed.—*Brit. and Foreign Med. Review.*

SNAKES AND SNAKE-BITES AT THE SOUTH WEST.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have prepared for your inspection a few observations relative to the different species of *snakes* common in this latitude. The classi-

fication I give is without regard to that of scientific naturalists, preferring rather to adopt the terms in vulgar use, leaving to the reader the task of a more correct one.

In a medical point of view there are many interesting facts connected with the history of these reptiles, that deserve attention. The annual recurrence of pathological phenomena following the bite of some species, is a circumstance almost universally unnoticed, and one that has led to many errors in diagnosis, and consequently in practice.

Of the *rattle snake*, we have two species—the larger kind, so common in most parts of the United States, is familiar to all. The *ground rattle snake* attains the length of ten or fifteen inches only—pieds darker than the large species, each terminating in a yellow margin. They are very slim, carry from three to seven rattles, and are extremely venomous.

The *pilot*, by some considered a species of *rattle snake*, grows from three to six feet long—resembles the large snake in many points—pieds not so bright—tail tapering to a point, with no rattles—head narrow and copper colored, armed with fangs, and poisonous.

Of the *moccasins* we have three species. The *highland* attains the length of four feet, slender and tapering gradually at the tail—head broad, copper colored, with fangs—belly pale yellow—back rusty brown. The *swamp*, or *stump-tail*, is from two to three feet long. They derive their name from their peculiar structure, being very large and abrupt in the termination of the extremities. The color of the back is darker than the highland, and the belly lighter. The head very broad, with very long fangs. When enraged, or annoyed by the approach of anything, they are extremely vicious, and attack with promptness. The *water moccasin* has a tapering head and tail, yellow belly, with yellow and brown pieds on the back. They are from one to two feet long, and not regarded as very venomous, from the circumstance that they never bite under water.

The *spreading adder* resembles the rattlesnake in conformation, but is much shorter—twelve to fifteen inches being its usual length. When irritated, it has the power of spreading itself widely, and hissing like a goose. Its head is very broad, is armed with fangs, and is very poisonous.

The *long blue snake* is from four to six feet in length. It has a light blue belly, with dark blue back. It has no fangs, and is not poisonous; will run from you, and is said to be the master of all snakes, encircling them in its coils until they are crushed to death.

The *little black runner* is a slim, tapering snake, three feet long, and very black. It is very rapid in its movements, and progresses with great speed, with its head high and bowed. Though it has no fangs, it will attack if annoyed.

The *coach-whip snake* is six feet long, slender, and black from the head half the distance to the tail; the rest is pieded with green and brown like the plaiting of a whip. Is not venomous.

The *garter snake* is small, from twelve to eighteen inches in length. It is one of the most beautiful snakes in the country; having, from head

to tail, alternating circles of red, black and yellow, three-fourths of an inch in width. It lives mostly in the ground, and is not venomous.

The *cotton snake* is from two to three feet in length. Its head is large, body very small and green. It is seldom seen, and is very venomous.

The above brief synopsis will give the reader a general, though imperfect idea of the physical character of some of the reptile kingdom of the South-west. A minute detail would be foreign to the object of this communication. The effect produced by the bite of some of these reptiles interests us particularly as physicians. Although the subject has received the attention of medical writers, and the symptoms and phenomena following the inoculation of their poison, and the necessary treatment to neutralize and arrest its progress, have been ably discussed, but little notice has been taken of an annual recurrence of symptoms following the bite of some species. The course and peculiarity of the development of the poison when inoculated by the bite of different species, does not differ materially. That of the pilot and the two species of rattlesnake is most violent, yet more readily under the control of medicinal agents. The poison of the moccasin is slower in its progress, and most malignant in its character, and is followed by an annual recurrence. Of all the species of snakes that exist among us, none are more formidable than the swamp moccasin. Being exceedingly sluggish in their movements, they never retreat, but seek an opportunity of attack. Such is the virulence of their poison, that the part bitten sloughs off to some extent; and the *snake itself*, when wounded with any weapon or instrument, sloughs at the point of contact. In the last summer and first fall month they are more venomous and vicious than at any other time, and the disagreeable odor emitted from their bodies is perceivable at the distance of forty feet.

So far as my own observation extends, which is in accordance with that obtained from the aged and observing in whose statements confidence can be placed, no annual recurrence of symptoms has followed the bite of any species save the moccasin and spreading adder. I will instance three cases only of this, as examples of many more that might be adduced.

CASE I.—Mr. — was bitten on the leg, when ten years old, by a moccasin snake. In half an hour the leg became painful and swelled rapidly, the swelling extending to the hip, attended with high irritative fever. No medical aid being at hand, the foot and leg were immersed in hot brine, after which he drank freely of a decoction of cotton wood, applying the same in the form of a poultice to the wound. He recovered under this treatment, the wounded part sloughing freely. For eighteen years last past, he has had an annual recurrence of symptoms, attended with severe pain, similar to the first attack, but not accompanied with swelling. It occurred precisely at the same time in the year, continuing several days, and decreasing in severity every succeeding year. Last year, for the first time since receiving the wound, he experienced none. A singular circumstance relative to the location of these annual pains was, that for several years it was confined to the knee of the limb bitten; in

a few years it left the knee and seized the hip, and finally it attacked the shoulder, the last attack being very slight.

CASE II.—A slave was bitten ten years ago by a moccasin, at which time she was attacked with the symptoms usually attending the development of the inoculated poison. Every subsequent year, to the present, the same symptoms have returned, with less intensity, and with an absence of swelling. They readily yield to the usual antidotes, as at the first attack.

CASE III.—A lady, aged 22, was bitten by an adder, and the usual symptoms followed. For twelve years she has had a recurrence of painful symptoms in the bitten limb, at the time of the year corresponding with the time she received the wound.

Other cases of a similar character might be adduced, but these are sufficient to substantiate the fact that an annual recurrence does follow the inoculated poison of the moccasin; and so far as my limited observation extends, has followed in every case.

WM. STOCKBRIDGE.

West Feliciana, La., June, 1843.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

AUGUST 16, 1843.

The Blue Lick Springs of Kentucky.—Through the entire mountain ridges of Virginia, the medicinal waters are gushing out at various points in copious streams; but some few locations have more reputation than others, which they will doubtless maintain for generations to come. In the State of Kentucky, there are fountains equally distinguished for their properties in subduing a variety of diseases, yet their geological relations are quite different from those on the lofty elevations of the Alleghanies. They bubble up in peculiar depressions on the line of shallow ravines, technically called, in the vernacular of the country, *licks*. There are the *Blue Licks*, *Big-bone Licks*, &c. &c., well known to the traveller, the geographer, and those in pursuit of health.

From a remote antiquity, the wild animals of the forest traversed the whole region of country to gratify a strong and perhaps innate propensity for salt, which was held in solution in the water that was forced out of the ground at the licks. Nearly the whole if not all the licks are saline springs. There countless herds of buffaloes, the deer, and perhaps all the smaller animals, met at one common rallying place, to lick their mother earth, saturated with marine salt. There they probably contended for the right of possession, warring upon each other from age to age in the solitary gloom of a mighty forest, undisturbed by the footsteps of man, and there accumulations of skeletons were left to bleach and decay—the memorials of brute warfare. But long before—even at an epoch so distant that geology itself furnishes no data for a probable conjecture in respect to the period—the mastodon, colossal in size, and pow-

erful in strength, sought the same licks and gratified the same indomitable appetite for salt that characterizes the races that have been ushered into being since its gigantic bones have been fossilizing under the feet of a new order of animal organization.

There is neither exaggeration nor extravagance in these observations, however much the relations of naturalists may excite the marvellousness of the unlearned in this rich but poorly cultivated domain of natural science. Within the last six weeks some extensive improvements have been in progress at the Lower Blue Lick Spring, requiring an enlargement of the well, in order to line it with stone. In digging only about three feet from the water, laterally, five feet below the surface, the tusk of a monster animal was uncovered, six feet two inches in length, by twenty-two inches in circumference, some portion of which is still in a tolerable degree of preservation. There were also several enormous grinders, that might have remained there, for aught that is known to the contrary, till the elements shall melt with fervent heat, unchanged in form and unaltered by the corroding influence of time. These extraordinary trophies, so recently discovered that their advent has not before been chronicled, now lie on the office floor of the hotel for the inspection of visitors. Such bones are unquestionably lying but a few feet below the soil, over the whole basin of the lick.

On the Lexington turnpike, twenty-four miles from Maysville, Ky., is the *Lower Blue Lick Spring*—a fashionable resort for persons of leisure during the sultry months of summer, and celebrated for its many medicinal properties, and consequently a great focus to which invalids concentrate from all parts of the United States. After passing through several hands, it has finally come into the possession of two or three brothers, who are conducting the establishment on a scale of elegance very satisfactory to the peripatetic public. The Spring is leased for ten years, at an annual rent of \$1500, with a right to a deed by the payment of \$25,000 at the expiration of the contract. Large quantities of the water are sent off in barrels, at \$1 a barrel, but \$2 is asked if the casks are furnished by the proprietors. It is said that the sales have amounted to \$4000 in the last two months. Such is the increasing demand that New Orleans, Mobile, Natchez and Cuba have become extensive markets for it. Agencies are being established so actively, that it is fully believed the annual sales may reach as high as \$12,000 within a few years.

When the water was used expressly for manufacturing salt, it required 800 gallons to yield one bushel—being in the proportion of 1 to 80. According to Dr. Yandell's analysis, it contains—sulphuretted hydrogen, 2; carbonic acid, 3; muriate of soda, 4; muriate of magnesia, 5; muriate of lime, 6; sulphate of lime, 7; sulphate of soda, 8; sulphate of magnesia, 9; carbonate of lime, and probably, says that able chemist, a trace of carbonate of magnesia. In its action upon the system it is purgative, diaphoretic, diuretic and alterative, and stands highest in rank in the catalogue of salino-sulphureous waters. On the report of the same gentleman, it is identical with the Harrowgate waters of England. With respect to its effects on the system, according to the representation of its friends, all maladies yield to its sovereign influence. They melt away under its potent agency like the odor of plants on the wings of a zephyr. It blows hot or it blows cold: in a word, it gently brings down the overgrown rotundity of

a gourmand, or fattens the frail tenement of his antipode in dimensions. It is the misfortune of all mineral waters, in this country, either to be overrated by the incompetent, or underrated by physicians. When medicine has been judiciously prescribed for a considerable season, without manifest advantage, in certain obscure visceral, or perhaps cutaneous, affections, the patient not unfrequently posts off to a spring. There he drinks, till a restoration has been accomplished, not by the course he is pursuing, but mainly by the action of the very medicinal treatment that is overlooked—the exercise of a strong faith in the all-healing influences of the fountain. Better analyses are wanted. A more careful series of observations by medical men than have yet appeared, and a proper reliance on common sense and the wisdom of judicious practitioners, are also needed by those who hope for the most in visiting thermal or the ordinary mineral waters of any place.

Nothing short of miracles are ordinarily performed at the onset, in the estimation of new comers—an error that is soon corrected when the old malady peeps out again, after it was exorcised by the potency of a celebrated water. Finally, we have come to the conclusion that our real knowledge in regard to the true medicinal value of these waters, is very small indeed. There is abundant room for inquiry, and an imperfectly explored field is before the world, however much it may be bruited that nothing further remains to be investigated in relation to them. So many persons are interested in them as properties, that many obstacles are in the way of testing points of considerable moment; but after all, were the springs not the centres of fashionable life, where strangers, the elite from every community, far and near, concentrate to eat, drink, dance and be merry, they would at once be bereft of their reputation, and ultimately sink into utter oblivion, save in the estimation of those who might seek them from a higher motive—to be cured of a real and not imaginary disease.

Hoping hereafter to notice the characteristics of the White Sulphur, the Red, Blue and Sweet Springs of Virginia—the Warm and Hot being already partially disposed of—we shall then give attention to the Harrodsburg and Big Bone in Kentucky.

New York State Lunatic Asylum.—This is another, and the latest organized, of those institutions, the multiplication of which among us is conferring so great an honor on our age and country, and whose annual reports constitute so interesting a portion of the medical literature of the day. The first semi-annual report of the Superintendent of the above-named institution has just been made to the managers. It will be recollected that Dr. Brigham, formerly of the Hartford Retreat, is the Superintendent of this great asylum, which is capable of accommodating 300 patients, and under his care it appears to be quietly and efficiently fulfilling the noble objects for which it was founded. We are indebted to the *Utica Observer* for an extract of the Report alluded to.

The Asylum was opened for the admission of patients, on the 16th January, 1843, since which time 173 patients have been admitted, viz., 97 males and 76 females. County patients, 113; pay patients, 60.

Twenty-four patients have been discharged cured; 3 do. improved; 3 do. not improved; 4 have died.

One hundred and thirty-nine are now remaining in the Asylum, 6 of

whom have recovered and will return home as soon as their friends come for them. None of the patients are now sick. No accident has occurred; the whole household have enjoyed good health, and all have escaped the prevailing influenza. The "County" patients are those who are sent to the Asylum by the courts of justice, by the first judge of the county, or by the county Superintendents of the poor. The expense of their maintenance in the Asylum is a county charge. Those denominated "pay" patients, are such as are supported at the Asylum by their relatives or friends, or by their own property. The counties are charged \$2,50 per week for county patients. The pay patients are charged generally from \$3 to \$4 per week.

By the law organizing the Asylum and providing for the care and recovery of the insane, passed April 7, 1842, it is provided that in every case of lunacy hereafter occurring, "when the lunatic becomes so furiously mad or so far disordered in his senses, as to endanger his own person, or the persons or property of others, and is permitted to go at large," he shall be sent to the State Asylum, and no lunatic in any case of lunacy occurring after the Asylum was ready for the reception of patients, *can legally be confined for any longer time than ten days in any other place than this Asylum*; and the law provides that "Superintendents of the poor, and all persons having the care of such lunatics, shall see to carrying this into effect." The law also provides that all lunatics confined in jail, and all insane persons charged with or convicted of any criminal offence, shall be confined in this Asylum. And any person indicted for any criminal offence, who shall be acquitted on the ground of insanity, if the jury find that his insanity continues, the court "shall order him into safe custody, and to be sent to the Asylum."

The 26th section of the act gives power to the first judge of a county to send insane persons who are not paupers, *but are in indigent circumstances*, to the Asylum.

In the fourth story of the centre part of the asylum building is a chapel, finished in a neat but simple style, which was dedicated as a place of religious worship on the 12th ult. A large number of individuals were present from the city and neighboring towns, and many of the patients were also permitted to attend. A choir of singers, which had previously been organized among the inmates, took part in the services by singing several hymns which were written for the occasion. The other services consisted in the reading of Scripture and prayers by clergymen of Utica, and an appropriate discourse by the Rev. Dr. Nott, president of Union College. The whole ceremony is represented to have been interesting in the highest degree, and the good conduct manifested by the inmates who were present was a pledge of the beneficial influence which the chapel services will hereafter produce on "minds diseased."

Egyptian Eunuchs.—In the travels of the Rev. President Olin, in the East, recently published by the Harpers, he mentions that Siout and Girgeh, in Upper Egypt, furnish the East with eunuchs. The victims of a cruel and degrading mutilation are boys, usually from six to eight years old, purchased by the slave dealers of Sennar and other countries on the Upper Nile, and brought down by the caravans. They are sold to the operators at from twelve hundred to twenty-five hundred piastres each.

A large proportion perish under the tortures to which they are subjected, though the trade is still lucrative, says the author, as it encounters hardly any competition, and enjoys, in fact, a monopoly, not only in Egypt, but also in Turkey. About three hundred of these poor creatures, who are so fortunate as to survive the cruel discipline which is to fit them for a life of humiliation, he continues, usually go forth from those markets to become arguses to the harems of the jealous Mussulmen. They are frequently met with in Cairo and other parts of Egypt, and are easily recognized by their beardless, shrivelled faces, and feminine voices. From the nature of their employment, they are important personages in the social system of the East, and they have occasionally been honored with high public trusts. They are said, adds Dr. Olin, to be universally an unhappy race, and are regarded with sentiments of general contempt.

Medical Miscellany.—A meeting of the homœopathic physicians is announced in the Philadelphia papers, the object being to pay a proper tribute to the memory of Dr. Hahnemann.—At New Orleans, during the week ending 29th July, there were six deaths from yellow fever.—It is stated that a vessel was below New York last week, from New Orleans, with all hands sick with yellow fever.—Twenty-four graduates received the degree of Doctor of Medicine at the late commencement at Dartmouth College.

MARRIED.—In Boxborough, Mass., Dr. Elbridge G. Wood, of Winchenden, to Miss Sarah Priest, of B.

DIED.—At Middlesex, Vt., Dr. Rial Blanchard, 30.—At Peru, Ill., Dr. Frederick Hall, an eminent physician of Washington city, and Professor of Chemistry and Pharmacy in Columbian College, 64.—At Seawell's Point, Norfolk Co., Va., Dr. Aaron Buzzell, a native of Parsonsfield, Me., 50.

Number of deaths in Boston, for the week ending Aug. 12, 42.—Males, 22—Females, 20. Stillborn, 4. Of consumption, 1—inflammation of the bowels, 4—canker in the bowels, 1—typhus fever, 8—infantile, 7—child-bed, 1—measles, 2—canker, 1—fits, 1—dysentery, 1—lung fever, 2—dropsy on the brain, 3—stoppage in the bowels, 1—suffocation, 1—bowel complaint, 1—scrofula, 1—cholera infantum, 3—sudden, 1—cramp in the stomach, 1—hooping cough, 1—dropsy in the head, 1—spasms, 1—cancer, 1—bilious colic, 2—tumor, 1.

Under 5 years, 27—between 5 and 20 years, 3—between 20 and 60 years, 12—over 60 years, 0.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

July.	Therm.	Barometer.	Wind.	July.	Therm.	Barometer.	Wind.
1	from 68 to 86	from 29.40 to 29.43	S W	17	from 57 to 70	from 29.47 to 29.51	S E
2	70 89	29.19 29.29	S	18	67 82	29.24 29.31	W
3	61 66	29.22 29.41	N W	19	70 81	29.23 29.29	N W
4	51 73	29.37 29.48	W	20	54 70	29.32 29.40	N W
5	62 70	29.22 29.40	N W	21	52 74	29.40 29.46	W
6	54 73	29.39 29.40	N W	22	56 84	29.35 29.46	S W
7	56 70	29.18 29.42	S W	23	66 85	29.36 29.43	N W
8	60 79	29.21 29.34	W	24	63 85	29.30 29.27	N W
9	57 77	29.32 29.35	N W	25	54 76	29.37 29.50	N W
10	64 76	29.25 29.33	S W	26	54 83	29.23 29.55	S W
11	65 76	29.31 29.44	S W	27	60 85	29.40 29.59	W
12	56 89	29.55 29.71	N W	28	62 73	29.36 29.57	S E
13	65 83	29.75 29.81	S W	29	73 80	29.22 29.32	S W
14	58 78	29.59 29.75	S W	30	58 69	29.38 29.40	N
15	61 80	29.49 29.52	N E	31	57 71	29.40 29.41	N W
16	57 76	29.48 29.50	S E				

The first part of the month of July, after the first two days, was cold and dry—a fine season for the farmers to gather their crops, but bad for the growth of vegetables and grass. Had fine showers about the middle of the month, and a fine rain at the close. Range of Thermometer, from 51 to 89. Barometer, from 29.19 to 29.81. Rain fallen, 3.39 inches.

Physiology and Pathology of the Water-cure.—Professor Schultz instituted experiments on horses and oxen, to ascertain the changes induced in the blood by water-drinking and by mechanical dilution. We have not room for the details, but the general results are that estimating the mass of blood in a man at thirty pounds, 17.36 ounces of water may be added to the circulation by drinking it; and that in proportion as the blood becomes more watery, a separation of the coloring matter from the vesicles is more extensive and its solution in the plasma more facile. In the water-cure, three things are to be considered, namely, 1, the water itself, as water; 2, its temperature; and 3, its chemical constituents. Professor Schultz shows that the temperature is the main agent in the Priessnitz method, the alternation of cold and heat acting upon the skin, and inducing reaction and violent diaphoresis. In young constitutions, and those in whom the organs are not structurally diseased, the diaphoretic method of Graffenberg may be beneficial, but it cannot be considered otherwise than as a cruel and dangerous remedy for weak, elderly people. Perspirations induced by vigorous exercise, medicines being administered as auxiliary thereto, are from our experience exceedingly serviceable in those diseases in which the water-cure is found most beneficial, namely, chronic visceral disease in gouty subjects past middle age, or in individuals who have lived fast. When the separation of the coloring matter from the vesicles is indicated, means less irksome than the water-cure may be adopted. This indication is readily fulfilled, Professor Schultz asserts, by drinking acidulated drinks, in fact by the *acid-cure*. Melanotic, bilious cachexies have yielded to the ingestion of two quarts of acidulated lemonade daily: one quart to be taken in the forenoon, and another in the afternoon.—*Br. Med. Rev.*

Preparation of Soluble Cream of Tartar. By M. CAMBORNAC.—R. Bitartrate of potassa, 400 grains; borate of soda, 200 grains; tartaric acid, 11,000 grains. I dissolve the salts and the acid together; when the solution is complete, I clarify it with white of egg, and filter. I again put it on the fire and continue the operation as directed by the Codex. The product is of a decided acid taste, very soluble, and possessed of purgative properties as active as those of ordinary cream of tartar; and is decidedly preferable to the latter.—*Journ. de Chimie Médicale.*

Preparation of Churrus, or Resinous Extract of Indian Hemp.—In Central India, and the Saugor territory, and in Nipal, *churrus* is collected during the hot season in the following singular manner:—Men, clad in leathern dresses, run through the hemp-fields, brushing through the plant with all possible violence; the soft resin adheres to the leather, and is subsequently scraped off, and kneaded into balls, which sell at from five to six rupees the seer. A still finer kind, the *momeea* or waxen *churrus*, is collected by the hand in Nipal, and sells for nearly double the price of the ordinary kind. In Nipal, Dr. M'Kinnon informs us, the leathern attire is dispensed with, and the resin is gathered on the skins of naked coolies. In Persia, it is stated by Mirza Abdul Russac, that the *churrus* is prepared by pressing the resinous plant on coarse cloths, and then scraping it from these and melting it in a pot with a little warm water. He considers the *churrus* of Herat as the best and most powerful of all the varieties of the drug.—*O'Shaughnessy's Bengal Dispensatory.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, AUGUST 23, 1843.

No. 3.

ON THE DOCTRINE OF METAMORPHOSIS.

By **Hermann Hoffmann, M.D.**, Lecturer on the Principles of Physiology in the University of Giessen.

IN consequence of the extraordinary deficiency of accurate data with reference to all those circumstances which relate to the doctrine of metamorphosis (one of the most important in physiology), it appears desirable that every one should assist according to his ability in obtaining some firm principles on which new researches as well as new theories might be founded. We possess, indeed, some observations upon the daily consumption of matter in the human frame; and even if these do not agree very well with one another, still they prove almost to demonstration, that by instituting a greater number of experiments, a satisfactory result will soon crown our efforts. As the consumption of a human being in the condition of customary quiet life has in this manner been ascertained to a certain extent, it appeared to me interesting to make some experiments in order to show the amount of consumption in a condition of considerable increased activity. The practical object of these experiments was, however, to substitute a definite idea, for the vague expressions, fatigue, exertion, exercise, &c.

In the beginning of November, 1842, I undertook a journey on foot to a town twelve leagues distant. The weather was damp, cold ($\times 40$ deg. R.), and in the beginning of my journey a light snow fell; in the afternoon, however, it cleared up. After walking three leagues* I was weighed, for which purpose my clothes were taken off, to avoid any error from their probable dampness. The total weight amounted to 124 pounds 6 ounces. The experiment now began. Without halting or putting up anywhere for the remaining nine leagues, I proceeded on my journey. This was by no means too great an exertion, as the road was excellent, and only rendered slightly fatiguing by gentle hills. Besides, the coolness of the weather had a sensibly beneficial influence on the sensation of strength. The quantity of nourishment taken was accurately weighed, and moreover as little, and that of as simple a quality as possible, was eaten, namely, wheat bread, altogether 9 ounces, 120 grains. No fluid was drunk during the whole time, and from the state of the weather this

* The Roman league or stund=2 1-2 English miles.

was not attended by any material inconvenience. Defecation did not take place during the experiment; sensible perspiration also did not occur, a circumstance easily explained by the state of the atmosphere. The nasal mucus was carefully collected in a pocket handkerchief, the weight of which had been previously determined when dry, and was again weighed at the conclusion of the experiment. The increase of weight amounted to one loth,* eighty grains. The urine was received into a vessel, the capacity of which was afterwards determined by urine of similar concentration, and the number of vessels thus filled was registered. The weight amounted to one pound, one loth, sixty grains. The first weighing took place at 8 o'clock in the morning; the experiment terminated at 5 in the afternoon, and the weight amounted to 122 pounds, 13 ounces and 28 grains. From the above data it will be seen that the actual loss of weight is greater than that accounted for by the amount of urine and nasal mucus, the difference arising clearly from the loss by exhalation from the skin and respiratory organs.

I embrace this opportunity for inquiring into another point immediately connected with the above. The question presents itself, how far a renewal of strength can be supplied during its consumption; or, in other words, how far can repose take place without rest? Are rest, sitting, lying, in point of fact so absolutely essential for the renewal of strength as is usually supposed, or is this rule subject to limitations; and if so, what are the conditions under which the exception occurs? The influence of taking food is here also decidedly confirmed. After three hours' walking, immediately after the first weighing a wheaten roll was eaten, which in a short time satisfied the hunger which had been keenly excited by the exercise. After, however, I had proceeded on the whole about six leagues, loss of strength and spirits occurred to such a degree that I hesitated considerably as to the prosecution of the experiment. My companion, a dog, which very perceptibly lost his cheerfulness in proportion as the hungry march was pursued, found himself in the same situation, only much less subject to intentional deception, of which, however, one is totally incapable under such circumstances. Nothing could be more remarkable than the effect which was now produced on man and dog by some ounces of bread. In less than a quarter of an hour I felt myself in a totally different state of mind, and did not for a moment doubt of the success of my undertaking. The dog, likewise, acquired so much cheerfulness and strength, that he appeared as if he had only just commenced the journey.

Precisely the same result was repeated towards the end of the experiment, only that the dog recovered himself more completely, as he was quite as cheerful at the conclusion as at the beginning of the journey—a remark not so applicable to myself.

I felt some interest in observing the nature of the origin of the local fatigue, after I had in the manner above mentioned arrived at some conclusions respecting the general lassitude. The experiment was so arranged as to include an extreme case, that of the motion of walking continued as long as possible. Numerous experiments have in this respect com-

* A loth—half an ounce.

pletely confirmed the opinions of the Webers on the oscillation of the pendulum. A sensation of fatigue in the fascia lata, and in the thigh generally, the first and most distressing symptoms in persons unaccustomed to walking, remained from the beginning to the end of the experiment. The first was a kind of general stiffness, produced by the continuous uniformity of the motion, the consequence of which was, that motion sideways, &c., was difficult and fatiguing. About 1 o'clock a contracted sensation was felt in the femoral insertion of the gastrocnemii of both legs, which gradually increased and was rather distressing. The popliteus, and especially the left, participated in this sensation. After a march of ten leagues, a strained sensation, painful even in stooping, was experienced on both sides of the spinal column, at the iliac insertions of the sacro-lumbalis muscles, and which was very troublesome, manifestly in consequence of the exertion of these muscles in keeping the body in the upright, though somewhat bent forwards, position, which was obliged to be constantly preserved. I did not remark any other sensation of much interest, yet I must observe that towards evening an insupportable chilliness overcame me, which certainly was not attributable to the atmosphere, as it remained unchanged, nor to the clothing, as this was the same as in the morning. I was, however, quite well, with the exception of hunger, and I consider this as the cause of the chilliness.

The changes in the circulation and respiration which I experienced in the course of the journey, under similar circumstances, were remarkable. While I usually breathe 13 times per minute at 11 o'clock, I found in this case the number of inspirations and expirations amount to 19 at half past 10; at half past 1, 23; at 5, P. M., 22. The pulse, which in the normal state usually gives 80 beats per minute, numbered 105 at half past 10; at half past 1, 119; and at 5, 122. I took the precaution of standing still for 3 minutes before counting the pulse, and then registered the average of from 4 to 6 minutes. Notwithstanding this violent fever, I experienced no heat, and remark expressly, that the cause of this increase in the heart's action, &c., was not the ascent of the hills. At 11, P. M., after supper, the pulse was at 88, and the number of respirations 17. The urine which was passed in the evening soon after the experiment, deposited a considerable quantity of urate of ammonia, a circumstance very unusual in this place. Should I attribute this to a quantity of wine taken previously, or to the walking? It appears from what I am about to communicate, that the first supposition is the more correct.

For greater security, I repeated this experiment with my friend Mr. Sullivan. The temperature and weather were almost precisely the same as in the former case; the air, however, was somewhat drier. The experiment took place at the beginning of December, 1842. The journey extended to ten leagues, which we divided by an interval of one hour's rest.

My weight at the commencement, about 8, A. M., amounted to 121 pounds, 12½ ounces. The food, including a pint of light French red wine, weighed 1 pound, 1 ounce. The loss of urine amounted to 1 pound, 4 ounces: the mode of measurement was the same as in the former case; that is to say, the last portion emptied in the evening was directly weighed,

and the weight found taken as the medium standard. The nasal mucus might be estimated the same as in the former experiment, 320 grains. Defecation did not take place. As the weight at 8, P. M., at the conclusion of the experiment, amounted to 120 pounds, 10½ ounces, the additional loss of 14 ounces, 284 grains, must be considered as the result of perspiration. At 11, A. M., the number of inspirations and expirations was 16; at 8, P. M., more than 14; the pulse at 2, P. M., gave 85 beats; at 8, P. M., 95. Before the numbers were registered, longer pauses of rest were taken than in the first experiment, which may even be observed from the calculation, particularly in that of the evening. If, now, a man weighing 115 pounds perspires, during motion, 14 ounces, 164 grains, in eleven hours, this amounts to 0.49,880 of a grain to every 100 of his weight, or 0.075,584 of a grain for every 100 minutes.

My companion weighed 140 pounds, 6 ounces, 120 grains, at the beginning of the experiment. The food, as above, amounted to 1 pound, 1 ounce. The quantity of urine determined, as in the above case, amounted to 2 pounds, 1 ounce, 54 grains; the nasal mucus was assumed, with every appearance of correctness, to weigh 320 grains. Defecation did not take place. As now, the weight in the evening, at 8 o'clock, amounted to 137 pounds, 12 ounces, 180 grains; this gives a remainder of 1 pound, 6 ounces, 136 grains, which must be attributed to the perspiration.

The pulse, which usually beat only 64 times per minute, had increased to 70 at 2, P. M., and at 8, P. M., after some rest, still remained at 70. The number of respirations, usually amounting in the morning to 13½, increased at 11, A. M., to 16, and at 8, P. M., to 19. Thus, the 134 pounds, which Sullivan weighed, reduced to 100 grains and 100 minutes, gives 0.1575 of a grain of perspiration.

The urine, as in all the other cases mentioned, was very saturated, of a bright orange color, and deposited no sediment within 24 hours; it therefore did not contain any remarkable amount of urate of ammonia.

For the purpose of having a standard of comparison, I some time afterwards made the following observations on myself, respecting the consumption in a state of rest. Selecting for the purpose a day in which the temperature and hygroscopic condition of the atmosphere were similar to the above, I kept constantly in my room at a temperature of 13 R.; for the weighing merely, I stepped out a few hundred paces. The day was employed in study, half of the time standing, half sitting. The first weighing took place at half past 8, and amounted to 123 pounds, 8 ounces; nothing was taken either for nourishment or drink. The loss in urine was 1 pound, 20 grains. The second weighing, at 4 o'clock, gave 122 pounds, 7 ounces. Defecation did not take place, and the nasal secretion was considered=0: the perspiration here, then, amounted to only 4 ounces, 120 grains; the urine was also much lighter than in the other cases.

The respiratory action at 11, A. M., was 13, at half past 4, 14; the pulse at 11, A. M., was at 80, at half past 4, P. M., 80. If we calculate this as above, we have for the 115 pounds, in 100 minutes, 0.14,529 grains; for 100 grains, however, in the same interval, 0.030,272 grains of perspiration.

We may sum up the results as follows, comparing the amount of perspiration secreted in 100 minutes with 100 grains of the body.

Amount of perspiration in a man at rest for each 100 grains, during a space of 100 minutes=0.030,272 grains (Hoffman)

=0.1138 (Dalton*)

=0.1581 (Lavoisier and Seguin†)

Amount of perspiration in a man in motion, reduced to the same standard of time and weight— 1. 2.

=5.10119 grains 0.075584 grains (Hoffman)

=0.1575 (Sullivan)

I have analyzed the urine passed after the second experiment, without having taken food for some hours previously.

In 1000 parts, the water=977,221

Solid matter= 22,779

1000 parts of the solid matter gave

Ash=536,806

Sulphuric acid= 80,581

For the purpose of determining the quantity of sulphuric acid, the ash was dissolved in water containing nitric acid, and the sulphuric acid precipitated by means of muriate of barytes. The sulphate of barytes was now exposed to a red heat, and the acid thus calculated. This urine deposited no sediment.—*London Med. Gaz.*

ON PLASTIC OPERATIONS.

From a Clinic of Prof. Mussey, at the Commercial Hospital, Cincinnati, May 29, 1843-

THE art of restoring lost parts is said to have had its origin in India, where mutilations by law, as a penalty for crime, have been practised from a remote antiquity. This art was concealed with great care, and, whether it found its way into Egypt, as reported by Galen, or whether it was known at all by the Greeks and Romans, does not clearly appear. In the 16th century, Taliacotius, an Italian physician, distinguished himself by his skill in repairing mutilated noses; but the operation was rarely performed by other European surgeons, until within the last half century. Mr. Carpue, an English surgeon, thirty or forty years ago drew the attention of the profession to this subject by the success he met with in some operations upon the nose. More recently, Germany and France have contributed much to this department of the profession, while England has not been an idle spectator of the progress made by her neighbors. Graefe, Dieffenbach, Zeis, Dupuytren, Velpeau, Roux, Delpech, Liston, with some others, by their successful labors have given to the profession much valuable information respecting the relief, not only of native deformities, but the restoration of parts lost, or rendered useless or hideous

* Calculated from Dalton, who found the perspiration in March to amount to 37 ounces. Total weight, 140 pounds.

† According to Lavoisier and Seguin, who state the amount of perspiration as 51 ounces daily. Here, also, the total weight= 140 pounds.

by casualty or disease. Our own country, too, claims to have done something worthy of mention in this province of our art. Some fifteen or twenty years ago, a surgeon near Boston, in an attempt to form a new nose, was partially successful. The patient was vain enough of the lump that had been added to his face, although it looked as much like a wen as it did like a nose. Within the last eight or ten years, Dr. J. M. Warren, of Boston, has accomplished some brilliant operations; and more recently, Drs. Pancoast and Mutter, of Philadelphia, have done themselves great credit in plastic surgery.

From the time of *Taliacotius* to that of *Carpue*, and even later, the epithet, *Taliacotian*, was applied to the operation of repairing the mutilated nose; and, until a period still more recent, plastic surgery was almost exclusively limited to this single operation. The nomenclature of *Zeis* is, I believe, more generally adopted, which gives a term, made from two Greek words, the one signifying to mould or form, while the other is the name of the part formed or restored. Thus we have *rhinoplasty* for these operations upon the nose, *cheiloplasty* for those of the lips, and *blepharoplasty* for the eyelids.

The patient, Mary Roney, æt. 40, who has been just before you, had, as she alleges, when a small girl, a burn upon her face, which left a bad scar and contraction of the right cheek and lower eyelid. This threw the eye constantly a little open, giving a hideous stare to the expression, exposing constantly to the air a part of the lower ocular conjunctiva. On the first of last month, April, I attempted to remedy this deformity by an operation, which some of the gentlemen present had an opportunity of witnessing. The cicatrized and contracted skin was cut through, and a portion of it dissected out. The tarsal edge of the lid, not having been destroyed, but only bent and puckered at the middle, was raised up and straightened, and allowed to remain. A patch of skin from the temple, larger than the space exposed by the removal of the cicatrix, was dissected up, and still attached by a pedicle a quarter of an inch in diameter, was applied to the exposed surface, and secured by stitches at the distance of half an inch from each other. Adhesion took place, and in a few days the patch was firmly implanted in its new situation. The pedicle adhered at its upper edge, but formed a small pouch at its lower edge by projecting over sound skin. The cuticle of this was removed by nitrate of silver, and the whole pedicle, without being divided, in a short time was identified with the surrounding integument. A difficulty still remained. The skin taken from the temple, being considerably thicker than the natural skin beneath the eye, gave a clumsy appearance to the new eyelid. This has been obviated by keeping a compress bound upon it for some weeks. Now the new skin is on a level with the surrounding parts, and applies itself very well to the eye. The color, you perceive, of the new eyelid is paler than that with which it is connected at its lower and nasal margin, and it is doubtful whether it will acquire the precise hue of the scarred and bronzed surface in its neighborhood, without the aid of a little rouge, or some other pigment, which we should pardon Miss R. for resorting to, when she comes into the world again to exhibit her new and placid physiognomy.

The case of cheiloplasty in the person of John Barnes, who was operated upon for scirrhus of the whole lower lip, last October, is familiar to most of you. It was reported in a late No. of the *Lancet*. Barnes has just been re-admitted into the Hospital, not on account of the new lip, for that remains sound, and serves well to retain the saliva, and to aid in the articulation of labials, but for an ulcer below the angle of the jaw, which is the sequel of a rapid induration at that point. The ulcer has a malignant appearance, and the induration at its base seems to be rapidly extending. The prognosis is unfavorable.

Some few of the gentlemen present recollect the case of rhinoplasty we had in this Hospital a little more than four years ago. John Cotter, about 30 years of age, was the patient. He had lost the whole of his nose by ulceration, two years before. After two weeks preparation upon a farinaceous diet, he underwent the operation, which consisted in raising a flap from the upper arm, attaching it to the face by the interrupted suture, and securing the arm by Graefe's apparatus. The flap adhered well, and was detached from the arm in ten days, and a tolerably good substitute for a nose was the result. But the ensuing winter, in the State of Indiana, Cotter, addicted as he had long been to liquor, took too much, lay out one night and froze off his nose. The following spring he came to this city and re-entered the Hospital. Another attempt was made to supply the loss by a flap from the arm. This was unsuccessful; partly I believe from his not being duly prepared for the operation, and partly from the arm not having been kept secured against all motion. The following winter he came again to the Hospital for another trial, and after having a preparation for several weeks, objected to undergoing the operation in presence of the class of students at that time in attendance, left the Hospital and took private lodgings.

The operation was performed early in February, 1841. The flap was taken from the forehead. The next day the parts appeared well, but on the third day the face was attacked with erysipelas, and almost one vertical half of the flap sloughed, while the rest adhered. After this had become sufficiently consolidated, I took another flap from the forehead and attached it to the first, near the median line. This adhered throughout, and the whole in due time became solid, with the columna firmly implanted upon the base of the upper lip.

It was not until some weeks after the operation, that I was able to explain the accession of erysipelas on the third day, and which had well nigh frustrated the object altogether. From a member of the family, I learned that the patient, on the day of the operation, and the day following, drank spirit somewhat freely, furnished him by his old companions, whose sympathies were manifested in a way which he knew not how to resist. After the completion of the cure, he was induced to sign the pledge of total abstinence from all intoxicating drinks, which pledge I believe he has faithfully kept. He called on me a few weeks since, and assured me that he had not in a single instance violated his temperance engagement, which statement the appearance of his face confirmed. His nose is sound, sufficiently voluminous and prominent, and looks enough

like a nose to pass respectably ; for, amidst the endless diversity of form in this important feature of man's face, almost no variety can be imagined, which has not its prototype somewhere in the multitude.—*Western Lancet*.

CASE OF HEMIPLEGIA.

[DR. J. M. FOLTZ, Surg. U. S. N., relates the following case in the first No. of the New York Journal of Medicine. It occurred in the U. S. Naval Hospital at Mahon.]

One of the most important cases under treatment at this time, was that of Assistant Surgeon Van Wyck, who was affected with hemiplegia. As we had but a short time previously met with several of the cases of Mr. Turnbull, in London, in which the use of the strychnine was attended with benefit, we eagerly embraced this opportunity of prescribing this article ; and from the youth and general good health of the patient, we entered upon the treatment, sanguine of success. The patient was 21 years of age, and had just entered the navy after a collegiate course, in which he had carried away the highest honors ; and from his devotion to his profession, he promised much future usefulness. Within twenty-four hours of sailing from New York, he was seized with paralysis of the left side, which also deprived him of the powers of articulation. Three months elapsed from the time of being paralyzed, until he came under our care. From the time of the attack he had been subject to violent epileptic convulsions, which returned periodically, at intervals of about a fortnight. For this he had been copiously bled, which for the future was avoided as much as possible ; and it was found that arresting the circulation in the extremities by means of a tourniquet, would seldom fail to put a stop to the convulsions, which is a method of treatment that we have practised with much success in the epilepsy of seamen—a class of men who are very obnoxious to this disease. We have recently seen it mentioned in the European journals, that pressure upon the carotids will seldom fail to arrest epileptic convulsions ; and from the benefit which we have so frequently witnessed, from pressure upon the arteries of the extremities, we could confidently anticipate the best results from interrupting the circulation in the carotids, in those cases in which there is so great a determination to the brain, as frequently to cause the production of lesions and effusions. The strychnine was ordered in solution, commencing with one-sixteenth of a grain, *ter in die*, and the paralyzed side was bathed once a day with a solution of nux vomica. The dose was gradually increased until one third of a grain was taken, when spasms and involuntary muscular contractions took place in the paralyzed limbs. This manifestation of the influence of the medicine was hailed as a favorable symptom, and its use was now diligently persevered in, with the effect of increasing the spasmodic action to a great extent ; but no additional voluntary motion was acquired. At the termination of eight weeks' use of the strychnine, as the convulsions

became very violent, and the symptoms presented indications that the system was suffering from the medicine, its use was discontinued; and hereupon these unpleasant symptoms gradually disappeared. At intervals, for several months, the strychnine was ordered in various forms; and in smaller quantities, but without any favorable result. A seton in the nape of the neck was of service; and after restoring his general health, he ultimately embarked for the United States in charge of his relatives, who encountered all the difficulties of a voyage to the Mediterranean, to restore him again to the family circle. In this case, as well as in the numerous instances in which the strychnine was administered among the natives, the favorable consequences did not follow which were met with in the hands of Mr. Turnbull.

DIETARIES FOR CHILDREN.

From Dr. Pereira's new Work on Food and Diet, Dr. Lee's Edition.

In children the function of nutrition is more active than in adults. They have not merely to repair the daily waste, that is, to renovate their tissues, but to grow. Their functions of circulation and respiration are, therefore, more active than in after life; and they require food; that is, substances to support the process of respiration, to be administered at shorter intervals.

There is also another reason why in children the elements of respiration (non-nitrogenous foods) are more necessary than in adults. In the former the transformation or metamorphosis of the existing tissues is less intense than in the latter. In an adult, who neither gains nor loses in weight perceptibly from day to day, the nourishment and waste of organized tissue are equally balanced; but in the young the weight augments daily, and, consequently, the nourishment must exceed the waste. In order that this may take place, the child must be supplied with a sufficient quantity of non-nitrogenous food, which, by yielding carbon and hydrogen to be burnt in the lungs, protects the organized tissues from the transformations consequent on the injurious action of oxygen. "What is wanting for these purposes an Infinite Wisdom has supplied to the young animal in its natural food. The carbon and hydrogen of butter, and the carbon of the sugar of milk, no part of either of which can yield blood, fibrin, or albumen, are destined for the support of the respiratory process, at an age when a greater resistance is opposed to the metamorphosis of existing organisms; or, in other words, to the production of compounds which in the adult state are produced in quantity amply sufficient for the purpose of respiration. The young animal receives the constituents of its blood in the caseine of the milk. A metamorphosis of existing organs goes on, for bile and urine are secreted; the matter of the metamorphosed parts is given off in the form of urine, of carbonic acid, and of water; but the butter and sugar of milk also disappear; they cannot be detected in the fæces. The butter and sugar are given out in the form of carbonic acid and water, and their conversion into oxidized products furnishes the clearest proof that far more oxygen is absorbed than is required to

convert the carbon and hydrogen of the metamorphosed tissues into carbonic acid and water. The change and metamorphosis of organized tissues going on in the vital process in the young animal, consequently yield, in a given time, much less carbon and hydrogen, in the form adapted for the respiratory process, than corresponds to the oxygen taken up in the lungs. The substance of its organized parts would undergo a more rapid consumption, and would necessarily yield to the action of oxygen, were not the deficiency of carbon and hydrogen supplied from another source."—*Liebig*.

Children, for the most part, evince an almost instinctive fondness for sugar, which is supplied to them in their mother's milk. This perhaps is to be explained by the fact that it is an element of respiration, and, therefore, is more necessary for them than adults, on account of the greater activity of their function of respiration. But this fondness for sugar is by no means universal among children. In very cold countries, substances richer in carbon and hydrogen, and, therefore, yielding more heat by combustion, are preferred. "In one of those late extravagant voyages to discover a north-west passage," says Sir Anthony Carlisle, "the most northern race of mankind were found to be unacquainted with the taste of sweets, and their infants made very wry faces, and sputtered out sugar with disgust; but the little urchins grinned with ecstasy at the sight of a bit of whale's blubber."

The natural appetite I believe to be an index of the wants of the system; and ought, therefore, to be consulted, to a certain extent, in the dieting of children; and I believe that parents commit a gross error who totally disregard it. I have seen children refused vegetable food, though they ardently desired it, because they would not eat what their nurses supposed to be the proper proportion of animal food; and, on the other hand, I have known children denied animal food, on the mistaken notion that it would be injurious to them, though the digestive functions were active, and the appetite for meat most keen.

Arrow-root, tapioca, sago, potato starch, *tous-les-mois*, sugar, butter, and other fatty bodies, are elements of respiration, and if used in greater quantity than is necessary for combustion in the lungs, they contribute to the increase of fat; but they do not contain the necessary ingredients for the growth of bone, cartilage, ligament, muscle, membrane, and cellular tissue. For the latter purpose, nitrogenized food is necessary. The caseine or curd of milk is an aliment of this kind, supplied by nature, for the use of mammals. It is a proteinaceous substance, adapted for the growth of the organized tissues; and is accompanied by phosphate of lime, which is necessary for the solidification of bone. The cereal grains (as wheat, barley, oats) also yield most valuable nitrogenized foods for children.

The uses of animal foods (meats) have been so fully described, that any further reference to them is unnecessary here.

Children may be over fed or under fed. Instances of the former, however, are comparatively rare. Of the ill consequences of defective nutriment we have, unfortunately, too many instances continually presented to

our notice. Irritable bowels or diarrhoea, tumid abdomen, mesenteric disease, wasting, and fever, are the ordinary and obvious effects. They frequently follow the continued use of pea-soup and potato stews,—dishes which are in common use at poor-houses and other establishments for pauper children. Scrofulous and strumous diseases, marasmus, rickets, distortions, and pot bellies, so commonly met with among children of the poor, are referable, in part at least, to food defective either in quantity or quality, or perhaps in both. I think it will be found that more than two thirds of pauper children are strumous. They derive this condition in part, perhaps, from hereditary tendency; but partly also, as I believe, from defective nutriment. To the same cause also is ascribable their inferior development. If the children in poor-houses be examined, they will be found, for the most part, smaller and shorter for their age, more frequently distorted, and more readily fatigued, than the children of the middling and higher classes.

ABSORPTION—SECRETION—THE SPLEEN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It must have been observed, by every one, that when a piece of sponge or any other absorbing substance is immersed in a mixture of different liquids, it takes up the entire mass without the slightest separation of the constituents of the mixture. If a piece of sponge, for instance, is immersed in a mixture of vinegar and water, it takes up the whole mixture; and if the mixture is pressed out again, it presents no separation of the two liquids of which it was composed. If absorbing substances are immersed in mixtures of any other liquids, as milk and water, or wine and water, the result is the same. If a sponge is immersed in blood while in a liquid state, the entire mass is taken up, without the slightest appearance of a separation of the component parts of the blood. Some mixtures of liquids and fluids separate of themselves by the force of gravity, as oil and water, quicksilver and oil, &c.; but the power of absorption, merely, has no tendency to separate the parts, even of a mixture of liquids; much less to produce a chemical decomposition of a liquid or solid substance.

Secretion, on the contrary, produces a decomposition of the substances upon which it operates. This fact is illustrated in the secretions of the urine, the bile, the tears, the mucus, the milk, &c.

The lacteals are commonly called *absorbent vessels*, yet these vessels manifest an entirely different power from absorbing substances. No absorbing substance placed in the small intestines would separate the chyle from the mixed mass of liquids and solids contained in that portion of the digestive organs. The lymphatic system is called the *absorbent system*, but the lymph is a chemical production from the blood, in the elaboration of which, the power of absorption must appear entirely insufficient. When blood is extravasated, a tumor discussed, or a scirrhus dissipated, it is said to be absorbed; but all these effects must be accomplished by the

power of secretion. The lacteal system is therefore a secretory system. The lymphatic system is also a secretory system. The secretory power is to the animal system what the power of gravitation is to bodies in general, the basis of all its motions, the great agent in the removal of all the old parts and the composition of all the new.

I have given this illustration of the difference between the power of absorption and the power of secretion, to show that the venous blood is a secretion from the arterial blood. The venous blood is a *chemical* production from the arterial blood. It differs from the arterial blood not only in color, but in vital properties. The arterial blood supports life; the venous blood, when it circulates through the brain, destroys life. These two fluids are to be sure both called blood, but in my opinion they differ from each other too materially to be called even by the same name. If, then, there is a chemical difference between the venous and the arterial blood, this difference can only be produced by the power of secretion. The common supposition is that the secretions in general, the urine, the bile, &c., are separated from the arterial blood, and that the venous blood is the remaining part. This may be true; or, it may be the reverse, that the venous blood is secreted first from the arterial blood, and the other secretions constitute the remainder. In effect it amounts to the same thing. The menstrual discharge in women furnishes an instance of a *sanguineous* secretion. It shows that the venous blood may be a secretion as well as the other fluids of the body.

In a former essay I contended *that the office of the spleen was the secretion of venous blood*. This function is plainly deducible from its organization. The spleen exhibits no other secretion but venous blood and coagulable lymph. The lymph is common to all the other organs except the brain, and consists of a quantity altogether insufficient to constitute the office of an organ circulating so much blood as the spleen. Indeed, that the office of the spleen is *the secretion of venous blood*, is just as demonstrable as that the function of the kidneys is to secrete urine, or that the function of the arteries and veins is to circulate the blood. Contemplated aside from conjecture, the organization of the spleen points us to no other possible function than the secretion of venous blood. The final cause of the function of the spleen it is not necessary to know, in order to demonstrate the existence of that function. We are chiefly concerned to know in what manner an organ deviates from its normal state, and how that deviation affects the system at large.

The spleen is undoubtedly subject to all the affections and diseases common to other organs. Suppose the spleen to be subject to an irritation similar to that of the uterus in menorrhagia; the consequence must be, the secretion of an extraordinary quantity of venous blood. This extraordinary secretion must disturb the balance of the circulation, and deprive the other organs of their natural supply of arterial blood, since what passes through the spleen cannot reach the other organs. Debility, faintness, and paleness of the skin, must ensue. The uterus secretes, periodically, a particular quantity of blood, but when the secretion becomes profuse, paleness of the skin, debility and faintness, are sure to follow, and in the end the whole train of nervous symptoms. When the

secretions of the other organs become profuse, similar results follow. The secretions of the liver, the kidneys and the lungs, often become so profuse as, in time, to destroy life. Life, I conceive, often wastes away by the extraordinary quantity of blood secreted by the spleen.

The lungs constitute the excretory organ to the venous system. The excretion of the venous system consists of carbonic acid and watery vapor. The carbon alone, in a healthy person, amounts to twelve ounces avoirdupois in twenty-four hours. In case an extraordinary quantity of venous blood is secreted by the spleen, the superfluous part of this blood must either pass out of the lungs in the form of carbonic acid and watery vapor, or pass through the lungs without that vital change produced by the oxygen of the air; or else respiration must be increased sufficiently to meet this new demand. In either case the lungs must have an extraordinary duty to perform, to say nothing of the change produced in other parts of the system. Suppose that in the ordinary normal state of the spleen, one-hundredth of the arterial blood to circulate through the spleen, and that by an enlargement of its vessels or an acceleration of its action one-twelfth of the blood should be diverted to that organ; and in both cases, suppose that there is twelve ounces of carbon, besides the oxygen in combination with the carbon and the watery vapor, excreted by the lungs in every twenty-four hours—there is, in the last case, one ounce of carbon secreted by the spleen alone, in twenty-four hours, and excreted by the lungs, as one-twelfth of the arterial blood passes through the spleen. The other organs and parts of the body, then, secrete about seven drachms less of carbon than in a healthy state of the spleen. On a superficial view of an increase of secretion by the spleen, it might seem to imply no serious injury to the system in general, as no blood appears to be lost; but I think we have only to look to the difference between the venous and arterial blood, and to the function performed by the lungs, to convince us that serious changes must be wrought in the system at large, by the secretion of an unnatural quantity of blood by the spleen, which cannot reach the general circulation. In the menstrual discharge, blood is secreted without any collateral secretion. A change of affinities apparently takes place in the blood without the secretion of anything from it. Such a change of the arterial blood may be effected by the vessels of the spleen. It does not appear necessary that anything should be secreted from the arterial blood, to destroy its vitality, or to change it into venous blood; all this may be performed by a change of affinities among the principles of the blood in the vessels of the spleen. Such, in fact, appears to be the case.

Two important points might be ascertained with respect to the function of the spleen, by experiments. In the first place, the velocity of the blood in the splenic vein might be compared with the velocity of the blood in other veins, by tying the vein in a dog, and then puncturing it. In the second place, it might be ascertained whether the venous blood of the spleen coagulates, like the blood in general. Both these experiments would throw some light upon the part which the spleen acts in the general economy.

The ancients, who were great observers, supposed hypochondriacism to be seated in the organs of the spleen and liver, and especially in the spleen. The prominent symptoms of this disease are such as might be attributed to an extraordinary secretion of venous blood by the spleen. These symptoms are, a great depression of the spirits, paleness of the skin, fainting fits, and frequently a sense of dying. An enlargement of the spleen and a tenderness in that region are a common sequel to intermittent fevers, and are accompanied with symptoms very nearly resembling those of hypochondriacism, viz. a bloodless skin, lassitude, faintness, shortness of breath and depression of the spirits. People, just before fainting, commonly experience an indescribable feeling in the left hypochondrium, in the region of the spleen, a further evidence that fainting may be produced by an extraordinary secretion of the spleen. In examinations of the spleen after death, particular attention should be paid to the size of its vessels.

D. B. SLACK.

Providence, August 14th, 1843.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

AUGUST 23, 1843.

Medical Schools of the West.—Kentucky and Ohio have ample provisions for educating medical practitioners. The cities in which some of the schools are located, have manifested a liberality in facilitating the important business of medical instruction, that is truly surprising. In the State of Kentucky there are two institutions, which are of an elevated character, and having a large number of students. Although they may be regarded as rivals, there appears to be none too much effort, nor any too much machinery in motion to meet the demands annually made upon them by throngs of pupils from the southern and western States. The one at Lexington, an important appendage of the Transylvania University, has the advantage of having been a long time known to the public. The faculty are familiar with their duties, and devoted to the best interests of those who matriculate there. In surgery, particularly, Dr. Dudley has distanced all others in that region. It is no small matter to have performed lithotomy *one hundred and seventy-eight times*, almost without the loss of a patient. In lecturing, he is represented to be both interesting in manner and always instructive. A reputation like Dr. Dudley's would uphold a pretty poor school, against the rising influence of another within the compass of his surgical doings, even were he not sustained by associates of equal calibre. The chairs, however, are represented to be ably filled.

At Louisville, on the Ohio river, in the same commonwealth, is another school of medicine, unrivalled for energy, and unsurpassed for beauty of location, and the architectural symmetry of the building. It was the exclusive creation of the citizens, who were unsparing in their efforts to make the Medical Institute superior to all other institutions in the west. The inte-

rior conveniences, therefore, embrace whatever was considered an improvement any where else. The lecture rooms, anatomical theatre, and especially the chemical laboratory, in some respects distance all others in this country. To these are added a vast number of articles, that collectively make a museum. There is also a costly library, not kept for show, but accessible to all the students, and the whole is placed under the vigilant control of a young, ambitious faculty, admirably fitted, both by constitution and circumstances, for maintaining their ground against any combined force. Dr. Gross is widely known for his researches in pathological anatomy, and also for his achievements in operative surgery. Drs. Dudley and Gross, it is presumed, divide between them a large part of the heavy surgery of Kentucky. There are other eminent operators, but not connected with either institution. It is unnecessary here to advert individually to the gentlemen connected with Dr. Gross in the Louisville school, since their names are as familiar as their attainments are honorable to themselves and the country in which they live.

At St. Louis, Missouri, is a school. Little more is known of it than that it is organized and prepared for a regular system of instruction. Although St. Louis may be destined to outstrip all the river cities, a doubt is expressed in regard to the over-turning and swallowing-up tendencies of its present medical school. This is not an expression based upon personal knowledge, but emanates from those supposed to be conversant with whatever belongs to it.

Cincinnati has now but one medical school, which must live and thrive. Thrift, in this case, does not mean a dividend of profits, but the attainment of an honorable name that must command the respect of all men who have learned the value of skilful physicians and surgeons in a community. The present faculty, with Dr. Mussey at its head, will sustain the college, as it always has, with zeal tempered by discretion. Cincinnati is a good place to study medicine in, since its advantages are very similar to an extensive seaport. The Commercial Hospital furnishes specimens of every thing in the way of surgical practice, from trivial accidents to the severest operations. Besides valuable cabinets belonging either to the members of the faculty or the college itself, the museum of morbid anatomy is perhaps one of the richest in the States. Instead of being in a condition to be sold or carried from the city, the State should own the collection and keep it choicely for the benefit of its own people.

Willoughby University Medical School, also in Ohio, was thought to be favorably working its way into public favor, with an encouraging number of students from year to year; but those who understand managing the screws are about transporting it to another and possibly better location. So Willoughby may be considered at the present moment in a state of transition.

The medical institutions, therefore, of Lexington, Cincinnati and Louisville, are bright shining lights in the west, where the true principles of medicine and its collateral branches are taught with as much advantage as in any of the old schools of the Atlantic States. As the great west increases in population, these excellent institutions will increase in wealth and importance. They will by and by outstrip all others in the number of their attendants on the annual course of instruction, and will exercise an increasing influence on the medical character of the United States. St. Louis is not to be wholly lost sight of, since there is a centripetal force

operating, silently, but surely, that will probably make it the London of the west. Whether science can be equally encouraged there, remains to be ascertained.

Treatise on Food and Diet.—Dr. Pereira's new work, edited by Dr. Chas. A. Lee, of New York, to which reference has before been made in this Journal, has just been published in that city by the Messrs. Langley. The author and editor are both so well known that it is needless to occupy much space in speaking of their labors, especially as the price of the work is so low (\$1.00), and its value so undoubted, that most of our readers will probably peruse it for themselves. One or two extracts from it will be found in this No. of the Journal; and we take the liberty also of copying part of Dr. Lee's Preface. Many of his additions we shall be glad to copy from the Appendix in future numbers.

"In complying," he says, "with the request of the Author of the following work, to make such additions as would better adapt it to the wants of the American reader, it was far from my design or expectation to extend my remarks so far, or to comment on such a variety of topics. The subject of 'food and diet' is, however, so extensive, embracing such a multitude of facts, and not a little of theory, as to embarrass by its very copiousness,—so that the chief difficulty of one who enters upon this boundless field, is, to know where to begin, and when to stop. My object has been, chiefly, to notice those topics upon which additional information would, perhaps, be considered desirable by the American reader; and, while I left the text entire, to offer such brief comments as some reading and reflection would naturally suggest. This plan was also in accordance with the wishes of the publishers. Such notes, therefore, as have been added, will be found either at the bottom of the page, or in the Appendix. With respect to the merits of this treatise, it is scarcely necessary for me to speak. It fully meets a desideratum which modern discoveries, the improvements in practical and experimental physiology, and especially the late achievements in analytic chemistry, have created; and which, since the appearance of Liebig's remarkable works, every one must have felt could not long remain unsupplied."

Powerful Counter-irritation—Long Issue on the Calvarium.—The Provincial Medical and Surgical Association, in England, have published a series of volumes which have appeared from time to time, and have been called the Transactions of the Society. The eleventh volume has just issued from the press in London, and, like those which have preceded it, is filled with a good variety of useful practical matter. The principal object in noticing it at this time, is to call attention to that portion of it by Dr. Wallis, physician to the Bristol Infirmary, in which he gives an account of a method of using counter-irritation, which he states he has used extensively since 1828, when he became physician to the establishment above-named. It has not generally been adopted, however, he says, and as the reader will see it is not proper it should be, at the first onset of the disease, but has been reserved until ordinary remedies have been found unavailing. He gives cases of chronic meningitis, apoplexy and paralysis, epilepsy, hydrocephalus, &c., in which the remedy proved serviceable. We copy from the Medical Gazette Dr. Wallis's account of it.

"I have used this remedy in a great variety of cases of organic disease of the brain, both chronic and acute; in paralysis, impending effusions, convulsions, erysipelas of the head and membranes of the brain; in fever in the very advanced stages; in one case of hysteria, with very great advantage; and also in a case or two of mania. The general result of my experience of its use has been such as to confirm my favorable opinion of it, as being the most powerful and efficacious of all our remedies of the class of counter-irritants. Its effects are more permanent and its disadvantages are fewer than those of any other remedy now in use. The friends of the patient will occasionally object to it, from that misapplied feeling of affection which converts every energetic effort to save life, if the use of the scalpel be required, into an act of cruelty. This is an objection urged against many of our best, nay even our ordinary remedies, such as a blister or issue of the common kind. The resistance of the friends, however, is generally overcome by remarking quietly, that 'It is only intended to make an issue;' an insignificant trifle compared with the distressing effects of disease."

The circumstances necessary to attend to in carrying the remedy into effect, are these :—

"Let the head be shaved entirely, and have the patient brought near to the right side of the bed; raise the head by a hard pillow, and put a towel round his neck to receive the blood; let an assistant keep the head steady; at the same time draw the scalp downwards in all directions, so as to strain the calvarium as much as possible; the scalp will divide with so much more ease. In this, your own left hand will materially assist, by placing it at the upper and back part of the head, commencing the incision between your thumb and forefinger as far back as the lambdoidal suture; press the scalpel sufficiently down so as to divide the scalp entirely through at once; carry on the incision directly along the sagittal suture as far as the hair grows on the scalp, and which will cover the cicatrix after the issue is healed up. The length of the incision thus made will be in the adult about seven or eight inches; take care that the scalp be divided entirely and perfectly through, so that the edges of the incision will separate so far as to enable you to introduce a dossil of lint rolled up hard, as thick as two fingers, and which should be well soaked in spirit of turpentine; this answers the double purpose of increasing the effect of the incision, and makes suppuration come on earlier, and will usually assist in stopping a further loss of blood. The arteries very soon retract and cease to bleed; there is seldom more than six or eight ounces of blood lost, and this quantity may be very readily curtailed if it be desirable to do so.

"In those cases where depletion has been carried to a sufficient extent, prior to your determination to use this remedy, and the further loss of blood be inadvisable, it may be prevented in the following manner :—The instant the incision is completed, close the sides of the wound, and make pressure upon it with your hand, whilst your assistant hands the lint, well soaked in spirit of turpentine and rolled up firmly of a proper length, so as not to extend beyond the extreme length of the incision, as it would be inconvenient in strapping down the wound sufficiently to check the flow of blood; a little flour and dry lint may be superadded if necessary, but the dossil must not be made so thick as to rise much above the edges of the wound, or else the adhesive straps will not be secure, by being elevated, and thereby prevented from adhering near the edges of the incision.

Should the incision be imperfectly made, that is to say, not entirely through the scalp, the arteries might be only partially divided; in which case they will continue to bleed, notwithstanding the pressure you may have made: of course the arteries will require to be completely divided, to allow them to retract and cease to bleed."

Case of Presentation of the Belly.—Dr. A. F. Holmes, of Montreal, relates a case of this very rare species of labor in the London Medical Gazette. The woman was at her full time, and had been in labor 24 hours, under the care of a midwife, when Dr. H. was called. The child was found dead, and the belly presenting, the body being doubled on itself. After administering three quarters of a grain of morphia, on attempting to turn the child, it was found that "instead of the body being simply doubled, it was also twisted, so that while the right side of the abdomen was opposite the vulva, the pubic region was turned in a contrary direction, and the elbow of the left side forced against it. Finding," says he, "I could not reach the feet or front of the thighs with my left hand, I withdrew it, and introduced the right, and having with much pain and difficulty reached the elbow, I found behind and below it the knee, and having insinuated a finger into the ham, held on during a pain, and endeavored in the interval to draw it down. I finally succeeded in bringing it into the vagina, and also the foot through the os externum. By gentle traction during the pains, the body was gradually extricated, the other leg and thigh remaining of course doubled up till the nates were expelled; the arms were brought down, but some delay occurred in the expulsion of the head, it being large." The presenting part was well marked by its purple color, and was found to be the right side of the abdomen. The woman died in thirty-six hours after delivery. Inspection of the body refused.

Extension in Fractures of the Spine.—W. H. Crowfoot, Esq., surgeon to the Beccles Dispensary, England, details the case of a coachman, aged 42, in whom, from an external injury, the spinous processes of the ninth and tenth vertebræ were divided from each other considerably beyond their usual distance, the body of the ninth vertebra being forced forward, while that of the tenth projected backward. There was total deprivation of the power of voluntary motion and sensation in the lower extremities. A gradual but considerable extension was applied, and gentle attempts were made with the fingers to replace the bones. The deformity was in some measure removed by these means, but without the slightest return of voluntary power in the first instance. He was placed on his back on a firm bed, where he steadily improved, and at the end of three weeks could slightly move the great toe of the right foot; in a few days more this extended to the left foot. The power of the limbs now progressively but slowly returned, to such extent that he was able to resume his former occupations.

Animal Food.—Many facts could be adduced to prove that an exclusive diet of animal flesh is amply sufficient for healthy nutrition. Sir Francis Head relates some interesting particulars respecting the Gauchos, inhabitants of the Pampas, in South America, which have an important bearing

on this question. After stating that they often continue on horseback day after day, galloping over their boundless plains, under a burning sun, and performing labors almost of an incredible description, he remarks:—"As the constant food of the Gauchos is *beef and water*, his constitution is so strong, that he is able to endure great fatigue, and the distances he will ride, and the number of hours he will remain on horseback, would hardly be credited." Sir Francis Head also brings his own personal experience in proof of the correctness of the above statement. "When I first crossed the Pampas," he remarks, "I went with a carriage, and although I had been accustomed to riding all my life, I could not at all ride with the Peons (drivers of the carriage), and after galloping five or six hours, was obliged to get into the carriage; but after I had been riding for three or four months, and had lived upon beef and water, I found myself in a certain condition, which I can only describe by saying that I felt no exertion could kill me. For a week I could daily be upon my horse before sunrise, could ride till two or three hours after sunset, and have really tired out ten or twelve horses. This will explain the immense distances which people in South America are said to ride, which I am confident could only be done on beef and water." There are numerous facts of a similar kind which might be quoted, but the fact that an exclusive diet of animal food is fully sufficient to sustain the physical powers, is too well established to need further proof.—*Dr. Lee's Appendix to Pereira's Treatise.*

Medical Miscellany.—Dr. Inman, of Liverpool, has been led to believe that syphilitic virus in the system is often the cause of hemiplegia.—Mr. McCash, surgeon, London, relates a case of simple fracture of the fore-arm, in which the too early application of the starched bandage was productive of very injurious consequences.—A person has lately been poisoned in Maine by the use of *blue flag root*.—A child was recently killed in Pennsylvania by the bite of a rattlesnake, death taking place in two days after the bite, the body and limbs swelling, it is said, to bursting.—It is expected that the mineralogical cabinet of the late Baron Lederer, Austrian Consul General to the United States, will be purchased by Yale College. It is said to be rich in American specimens.—One Caleb Rice, a Thomsonian, has been sentenced, after a trial of two days, to 30 days imprisonment and a fine of \$250, for causing the death of a Mrs. Keathly, of St. Charles county, Missouri.—"Scarlatina and its treatment on homœopathic principles," is the title of a new English work by Dr. Belluomini.—Part I. of Dr. W. B. Carpenter's *Animal Physiology* is published in London.

TO CORRESPONDENTS.—Dr. Nott's theory respecting Mulattoes, which was copied into this Journal last week on account of its having reference to a subject to which attention was first directed in our pages, has called forth a brief reply from a correspondent, which will be inserted next week.—Dr. Hayes's case of *pneumonia abcessus*, and Dr. Welch's of *uterine polypus*, will also then be admitted.

DIED.—At Waterford, N. Y., Dr. Timothy Upham, 36.

Number of deaths in Boston, for the week ending Aug. 19, 45.—Males, 25—Females, 20. Stillborn, 5. Of consumption, 4—dropsy, 1—inflammation of the lungs, 3—cholera infantum, 5—marasmus, 2—infantile, 10—dropsy on the brain, 2—bowel complaint, 1—teething, 1—apoplexy, 2—fits, 2—brain fever, 1—croup, 1—drowned, 1—dysentery, 2—complication of diseases, 1—canker in the bowels, 1—typhus fever, 1—measles, 1—dropsy in the head, 1—hooping cough, 1.
Under 5 years, 30—between 5 and 20 years, 3—between 20 and 60 years, 10—over 60 years, 2.

Surgical Operation. By H. Frost, A. M. M.D.—Jacob Jackson, of Tobacco Stick, Dorchester county, Maryland, a free colored man, 42 years of age, of a strong athletic frame, and more than ordinary height, of temperate habits and general good health, received an injury from an axe, on the vertex, over the frontal bone, and near the angle formed by the coronal and sagittal sutures. It seems that he was occupied, within the house, making an article for domestic use, and as he raised his axe it struck a beam over his head, and becoming entangled in a hank of yarn suspended from the beam, rebounded with great force, so as to cause a severe contusion, which (although it healed) was soon after followed by the most acute and lancing pains about the orbital temporal, and even occipital region. The frontal and tempero-facial nerves, however, were more particularly implicated. He had been attended by three respectable physicians of the same county, whose treatment was various, but attended with only temporary relief, with no permanent benefit. In the month of January, 1843, Dr. Benj. B. Harrison, of Tobacco Stick, formerly of Martinsburg, Va., was called to the case, and while under his care, several remedies were employed, but to little purpose, until in the month of June, '43, Dr. H. determined to operate upon the patient; and accordingly in the presence of many of the neighbors, proceeded to make two straight incisions, at right angles, two and a half inches in length down to the bone, at the seat of the injury; and this was done, primarily, to settle the point as to there having been any fracture or depression of the bone in reality. The flaps were then dissected up, making bare the bone, which was evidently free from any lesion whatever. Further examination resulted in finding the adipose vesicles of the skin enlarged and in a morbid condition; which were accordingly clipped off or cut away to such an extent as not to leave any remaining seeds of disease. The flaps were then replaced, and suitable dressings were applied to the wound. The hemorrhage was not profuse, and no more than desired, and the patient appeared to be almost instantly relieved. Precautions were taken against inflammation, and a free use of poultices and anodynes, particularly Hoffman's. Means were used to keep the wound open, or in a state of discharge, as long as possible, or rather as long as there were matters to be discharged. In a little more than two weeks, however, it healed up, and the patient to all appearance became perfectly sound. He was injured January, 1842.

Old Doctors.—In the north and west every village has its old doctor—generally quite a respectable personage, with several peculiarities, and the self-complacency which comes from a life of usefulness, winding up amidst the regard of the neighborhood, and the respect of the younger physicians who surround him. A sage of this kind is almost unknown in the south-west, except by title, which often indicates about as much clinical labor, as that of colonel testifies to military achievement. The reason of this difference between the south-west and the more northern portions of the Union, is three fold: 1st. A great many physicians die young. 2d. A number go to cotton planting. 3d. Not a few marry rich widows. Thus it is that causes the most opposite conspire to deprive this quarter of the benefits of ripe medical experience. How long the first will continue with its past energy, we cannot predict; but the second will soon cease unless the price of cotton should rise above five cents a pound; the last, however, is of a permanent character, for six or eight times as many husbands as wives die in this region.—*Dr. Drake's Travelling Editorials, West. Jour.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, AUGUST 30, 1843.

No. 4.

ON LABORS COMPLICATED WITH CONVULSIONS.

From Dr. Robert Lee's Lectures at St. George's Hospital.

THERE is a striking resemblance between the symptoms observed in a case of common epilepsy and in one of puerperal convulsions, or eclampsia, as it is called by nosologists. In both these diseases insensibility takes place during the fits, and all the voluntary muscles of the face, trunk and extremities become convulsed. When a fit of puerperal convulsions comes on, the woman becomes perfectly unconscious of everything around her, and the muscles of the eyes and face are usually first affected. Irregular spasmodic twitchings are observed about the mouth and eyelids, which produce great distortion of the countenance: the eyes are often turned upward and inward to the root of the nose, and roll rapidly about in different directions. The lower jaw is either firmly clenched against the upper, or it is drawn to one side; and the tongue, being protruded between the teeth, is often severely lacerated. Every muscle of the body soon becomes convulsed; the spasm is violent and universal; the respiration, which is at first hurried, afterwards becomes slow and stertorous, as the convulsions subside; and a quantity of frothy saliva, tinged with blood, is blown from the mouth with a peculiar noise, as in an ordinary epileptic fit. Sometimes the muscles on one side of the face and body only are at first affected; and after the spasm has ceased in them, those on the opposite side become convulsed. The pupils of the eyes are usually dilated and insensible during a fit of puerperal convulsions; but in some women, both between and during the paroxysms, they are closely contracted. The pulse varies extremely, being either very hurried, or slower than natural. After the convulsion has endured for a longer or a shorter period, as in cases of epilepsy, it gradually ceases; and the patient, apparently greatly exhausted, is left in a state of deep stupor, with stertorous breathing. The consciousness generally does not return before another fit takes place; and this happens, in the greater number of instances, in a short period, when the same phenomena are observed. A great number of violent fits are often experienced by some women during many hours, at longer or shorter intervals, without any return of sensibility. The attacks may terminate in a state resembling apoplexy, as epilepsy sometimes does, which may soon prove fatal;

or the fits may subside, and the recollection be gradually restored. If there have been no labor pains before the fits come on, the os uteri most frequently begins to dilate; but the uterine contractions are usually feeble and irregular, and they seem to pass into convulsions, or to alternate with the fits. Sometimes the child is expelled by the pains; but more frequently they are inefficient, and the delivery cannot be completed without artificial assistance.

In some women the fits are preceded by certain symptoms indicating a plethoric state of the vessels of the brain, and great nervous irritability. There is usually headache, more or less intense; throbbing of the temporal arteries; sense of weight and constriction across the forehead; giddiness; drowsiness; the sight and hearing disturbed; flushing and tumefaction of the countenance; slight delirium, or confusion of thought, or loss of memory; and other signs of cerebral disturbance. Pain in the epigastric region, and increased sensibility of the uterus, sometimes precede the fits: but there are cases of violent puerperal convulsions where no precursory or premonitory symptoms of any kind are perceived; there is nothing like the aura epileptica observed before attacks of puerperal convulsions. They may occur in the latter months of pregnancy, before the uterus has begun to contract, during the different stages of labor, and several days or weeks after delivery. I have never met with a case of true puerperal convulsions before the sixth month of pregnancy; the spasmodic affections which have occurred at an earlier period having been connected with hysteria, and unaccompanied with loss of consciousness.

It has been observed by all practitioners, that, in a very great proportion of cases, it is in the first pregnancy or labor that puerperal convulsions occur. "Women are far more liable," says Dr. Denman, "to convulsions in first than in subsequent labors; and then, it is said, more frequently when the child is dead than when it is living. But when women have convulsions the death of the child ought generally to be esteemed rather an effect than a cause, as they have often been delivered of living children when they were in convulsions, or of dead, and even putrid children, without any tendency to convulsions. Some women have also had convulsions in several successive labors; but having had them in one, they generally, by the precautions taken, or some natural change, escape them in future. Lastly, I was for many years persuaded that convulsions only happened when the head presented; but experience has proved that they sometimes occur in pretermatural presentations of the child." Of 19 cases recorded by Dr. Joseph Clarke, 16 were first children. Of 48 related by Dr. Merriman, there were 36 instances in which it was the patient's first labor. Of 30 cases which occurred to Dr. Collins, 29 were in women with their first children: and the other single case was a second pregnancy, but in a woman who had suffered a similar attack with her first pregnancy. Fourteen of the 32 children (two of the women having had twins) were born alive. In 18 of the 30 the convulsions subsided after delivery; in 10 the fits occurred both before and after; and in 2 the attack did not

come on till after delivery. In 15 of the 30 the patients were delivered by the natural efforts; in 6 delivery was effected by the forceps; in 8 by the perforator and crotchet; and in 1 the feet presented. Two of the children were born putrid. Five of the women died. In 6 of the 48 cases related by Dr. Merriman the convulsions did not occur till after delivery. Five of these patients recovered; the other, after the epileptic attack, became maniacal, but appeared to be gradually recovering, when, at the end of three weeks from the first seizure, she was attacked with another fit, and died. All the children were alive. In 3 cases the women were pregnant of twins. In two of these cases the attack of convulsions occurred in the interval between the births of the two children. All the women were delivered without artificial assistance; 2 of them recovered; and 3 of the children were born alive. In 11 cases the delivery was effected by the forceps. All these women recovered, and three of the children were born alive. In nine cases the perforator was employed. Seven of these women recovered. In 4 cases the operation of turning was resorted to; 2 of the women recovered; all the children were dead born. In 1 case the woman died undelivered. In 14 cases the children were born without extraordinary assistance. Ten of these women recovered, and 5 of the children were born alive. Thus, 37 women recovered, and 11 died. Seventeen children were born alive (including the 6 born before the mothers were attacked with convulsions); 34 were born dead. Dr. Ramsbotham has related the histories of 26 cases; of which, 10 proved fatal. Thirteen occurred before delivery, 10 during labor, and 3 after. Dr. Ingleby relates 35 cases; of which, 11 were fatal. Mauriceau, 42; 7 during pregnancy, 3 of which were fatal; 19 during labor, 11 of which ended fatally; and 16 after delivery, of which 5 were fatal.

Puerperal convulsions occur in all countries, and in all the different ranks of life. Those women are most predisposed to the disease who have had hysteria or epilepsy in early life, who have suffered from injuries of the head, or who have had violent attacks of fever with severe affections of the brain. Depressing passions of the mind appear to produce a predisposition to the disease. Unmarried women who are excluded from society, and often addicted to the improper use of stimulants, are peculiarly liable to puerperal convulsions and mania. Terror, and other violent mental impressions, and sometimes the pains of labor alone, are sufficient to excite convulsions. The disease occurs not only in strong, plethoric young women with their first children—in such as are of a coarse make, with short, thick necks—but in weak, irritable, nervous females. There are some cases where irregularities of diet, especially the use of very indigestible food and stimulants, appear, without any other cause that can be discovered, to give rise to the disease. There are many cases in which the peculiar condition of the nervous system of the uterus appears to be the sole cause, and in all cases it is the principal predisposing cause, for the fits of convulsion occur in most women in the first pregnancy and labor, and at no other time but during pregnancy and labor; and they often suddenly cease when the labor is completed, after every

remedy has been employed without avail, except artificial delivery. The condition of the brain, on which the loss of consciousness and convulsions depend, is obviously produced by sympathy with the nervous system of the uterus; and the fits return, and increase in violence, till the uterus is emptied of its contents, as on them the irritation of the nerves of the uterus alone depends.

In some cases there has been observed an unusual degree of redness and softening of the cerebral substance in those who have died from puerperal convulsions; great congestion of the sinuses and smaller veins and arteries of the brain; effusion of blood or serum into the ventricles, and lymph covering the surface of the hemispheres. In others there has been no morbid appearance whatever found in the brain to account for the symptoms. At Edinburgh, in 1816, I examined, with Dr. J. Thomson and Dr. Gordon, the brain of a young woman who had died of puerperal convulsions; but, except a little turgescence of the bloodvessels, not more than is seen in many who have died of disease altogether unconnected with the brain, there was nothing to account for the symptoms. In other cases, however, organic disease of the brain has been discovered after death.

Dr. Ramsbotham made a *post-mortem* examination of the brain in four of the fatal cases which he observed. The first case was referable to injury of the head. There was both convulsion and paralysis, and the woman died undelivered. "Blood was found extravasated between the dura and pia mater, and upon the orbital processes under the right lobe." In the second fatal case he states that there was no positive derangement detected in the brain, except turgescence of the vessels of the pia mater. The head of another patient was examined by an experienced anatomist, who reported that after a very minute examination of every portion of the brain no positive derangement could be detected, and that the only appearance in any way different from that usually met with was in the vessels of the pia mater, which were thought to be somewhat more loaded with blood than in the general cases of cerebral inspection. In case 4, after a most careful examination of the head, no positive breach of vessel could be detected. The bloodvessels of the pia mater were beautifully injected with blood, and a section of the substance of the brain showed more bloody points than usual. There was also a quantity of tinged serum in the ventricles. The vessels of the cerebellum were likewise anormally distended with blood. From the dissections, and other circumstances, Dr. R. concludes that "the whole train of symptoms evinces considerable derangement in the functions of the brain and nervous system; yet, after death, correspondent marks of organic mischief within the head are seldom met with—(Vol II., p. 248). The different anatomical inquiries at which I have been present have not disclosed such regular appearances as to sanction the uniform deduction that the brain was the principal seat of disease. I suspect that in many instances that important organ is no otherwise implicated than through the medium of sympathetic irritation." "Of the appearances after death," observes Dr. Merriman, "in those who have died of puerperal epilepsy,

contrary statements have been given. Dr. Denman says, that in the examination of many women who have died from convulsions, he has never seen an instance of effusion of blood in the brain, though the vessels were extremely turgid; but has always remarked, that the heart was unusually flaccid, without a single drop in the auricles or ventricles; but he adds, that Mr. Hewson had informed him of a case of convulsions where an effusion of blood in a small quantity had been found on the surface of the brain; and in his fifth edition, he mentions a case by Dr. Hooper, where a coagulum of blood, weighing nearly $\frac{3}{4}$ iv., was found between the dura and pia mater. In one instance I have distinctly seen an effusion of blood in the posterior part of the cranium; but the quantity was not large, and Dr. Ley has lately met with a similar case." M. Cruveilhier examined a case in which not the slightest trace of congestion of the vessels of the brain could be detected. M. Bontilleux relates another, in which he could detect no manifest alteration within the skull. Dr. Collins says, "I conceive we are quite ignorant as yet of what the cause may be: nor could I ever find on dissection any appearances to enable me to even hazard an opinion on the subject."

Treatment of Puerperal Convulsions.—The best systematic writers on midwifery during the last two centuries have recommended copious bloodletting in puerperal convulsions, and artificial delivery where depletion failed to remove the fits. They have all considered the brain to be the seat of the disease.

Mauriceau thought prompt delivery to be the best remedy, and where the orifice of the uterus did not admit of this, he advised blood to be drawn from the arm and foot, and stimulating enemata to be employed, to diminish the quantity of blood in the brain. He states that he had seen emetics administered without success, or with injurious effects. Where consciousness did not return between the fits, but the woman remained insensible, foaming at the mouth, with stertorous breathing, then both the mother and child he believed would die, if they were not promptly relieved by delivery. I have saved, he says, the lives of many women in this way, but others have not failed to die after having been delivered in the due time, and in the proper manner—"bien et dument accouchées."

He admits that some cases will prove fatal whatever is done. If the child is alive he recommends the operation of turning; if dead, craniotomy.

"There are some women," he says, "who are always attacked with convulsions either before or after delivery. To prevent such an accident he recommends bleeding from the arm two or three times during pregnancy, and once after labor has commenced."

Puzos has also given an account of puerperal convulsions, and has recommended prompt and copious bloodletting, to relieve the brain from the excessive quantity of blood by which it is oppressed. After bleeding, lavements, he says, must be employed, and it should be ascertained by an examination whether the uterus is dilating, and if the bleedings and other remedies do not calm the convulsions, then delivery is the best thing that

can be done, which removes the pressure from the great bloodvessels of the abdomen, and allows it to circulate freely. The relief from delivery, he says, is not instantaneous, for the convulsions will often continue for a time, but at longer intervals, and patients sometimes remain for two days in a state of lethargy, and afterwards recover. But when the convulsions continue in spite of the bloodlettings and delivery, and the coma and stertorous breathing and foaming at the mouth, then the disorder will terminate fatally; but we have the consolation to know that we merit no reproach, having employed all the means we possess to overcome so grievous an accident. It is to be presumed because we have not succeeded, that lesions (crevasses) have been made in the brain by the violence of the convulsions, and that delivery could not remedy these. Thus, he adds, in the acute convulsions which precede or accompany labor, we cannot be too prompt and vigorous in the application of the proper resources; and as these means are sometimes insufficient when the disease is once established, the accoucheur should be attentive to the first symptoms which announce convulsions; for it sometimes happens, that in a labor accompanied with the most favorable symptoms, a woman all at once complains of dazzling of the eyes, of weight in the forehead or posterior part of the head, and of sudden loss of vision, symptoms which all announce that an attack of convulsions is at hand. I have seen women suddenly seized with frightful convulsions, he says, during labor, because attention had not been paid them when they complained of pain of the head. We perceive, then, that it is much more easy to prevent the evil, than to destroy it when it is once established; since the most powerful remedies do not prevent the death of the mother and the child, which these convulsions put in the greatest danger. Therefore I bleed copiously, and that on the first appearance of the symptoms which threaten convulsions; and I have often by this means relieved very speedily the headache, restored the vision, and completed the delivery happily in a short time.

Copious bloodletting in puerperal convulsions is the first remedy now employed by all practitioners in this country; but the extent to which depletion is to be carried must be regulated by the constitution of the patient, the violence of the symptoms, and the effects produced by the loss of blood. Profuse bloodletting will not invariably control the disease, as some have asserted; nay, I am persuaded that the sudden abstraction of fifty or more ounces of blood from the arm of some individuals, instead of arresting the disease, would destroy life. So feeble is the circulation of the blood in some women that it is impossible to remove this quantity from the arm. In young, robust, plethoric women, the best plan certainly is to take away as soon as possible after the attack twenty or twenty-five ounces of blood from the arm, to cut off the hair or shave the scalp, and apply over the head cold lotion or ice in a bladder; to put ten grains or a scruple of calomel upon the tongue, or two drops of croton oil, if the bowels require immediate relief; to throw up into the rectum a stimulating enema, and to apply warmth, mustard poultices and rubefacients, to the inside of the legs and thighs; at the same time to adopt every pre-

caution to prevent the patient from being bruised or injured by the violence of the convulsive movements into which the body is thrown. If the fits continue after these remedies have been employed, with undiminished violence, and if the pulse is full and strong, and signs of congestion of the brain are still present, you may open another vein in the arm, and remove fifteen or twenty ounces more. A third bleeding to this extent is undoubtedly necessary and proper in some cases, but I prefer greatly, after thirty or thirty-five ounces of blood have been drawn from the arm, to trust to local bleeding, and especially to the application of cupping-glasses to the temples and nape of the neck. When the constitution has been previously exhausted by some chronic disease, or hæmorrhage; or without these, if it is peculiarly delicate, nervous and irritable, and has been weakened by grief, and other depressing passions, and the pulse is very rapid and feeble, it is better to trust entirely to the local abstraction of blood, and to the remedies now described, and to abstain altogether from general bleeding. Some women die who are bled profusely, and others recover where a small quantity is drawn from the arm, or where it is entirely drawn by cupping from the temples and nape of the neck. These observations are made with the view of preventing you from having recourse to extensive depletion in all cases of puerperal convulsions, without carefully considering the condition and previous history of the patient. Profuse and indiscriminate bloodletting cannot be practised with impunity in this disease.

This is the treatment which ought to be employed in cases of puerperal convulsions before labor comes on, and also after labor has commenced, and if the fits do not diminish in frequency and violence, and the parts are in a condition to admit of artificial delivery, it is very important that it should not be long delayed. In one case which occurred in the latter months these means were vigorously employed without effect, and when the patient appeared sinking, the operation of turning was performed, though the os uteri had not begun to dilate, and the fits ceased immediately after the delivery had been effected, and recovery took place. Should the head of the child not have descended sufficiently low for the forceps to be applied when delivery becomes absolutely necessary, recourse should be had to the perforator. Even when the os uteri is fully dilated, and the head of the child has passed so far into the pelvis that an ear can be felt, it is difficult to apply the forceps and extract the head without danger to the mother; and where the insensibility is complete, and the intervals between the fits short, and the patient cannot be retained in the proper position, the employment of the forceps is always attended with considerable hazard to the perineum and soft parts.

Opium has been almost universally condemned in puerperal convulsions, and I consider it always improper before bloodletting has been employed to a sufficient extent, and the delivery has been completed either spontaneously or artificially. In some of the most severe cases which I have seen after copious venesection and delivery, large doses of the liquor opii sedativus have appeared to produce very powerful effects in arresting the fits; in others no benefit whatever resulted from the employment of

sedatives of any kind. The application of leeches to the region of the uterus, appeared, in a recent case of mania complicated with puerperal convulsions, to be attended with the most striking benefit after all other means had been tried without effect. Sedatives have been recommended to be applied to the cervix uteri, or thrown up into the rectum during labor, and after delivery, in cases of puerperal convulsions, but I have had no experience of their efficacy.—*London Medical Gazette.*

EFFECTS OF LEAD.

From Dr. Seymour's Clinique at St. George's Hospital.

THERE are many trades and callings in which the use of lead is very extensive. This mineral poison may get into the system by inhalation. Its first perceptible poisonous effect is upon the muscular structures, which lose their contractile power and become flabby and diminished in volume. The muscular coats of the intestinal canal are those which are generally first affected, some portions of them being dilated whilst others are contracted. Constipation arises from this, accompanied with great pain and spasmodic action of the recti muscles. In its early stage this colicky attack of the bowels is very easily relieved by the warm bath and doses of castor oil. Some physicians have recommended opium and remedies of that class, but castor oil is, after all, the very best. By the judicious employment of these means the affection may be removed, but if the patient returns immediately to his work it recurs in an aggravated form; the muscles of the arm become paralyzed, and it "drops," as it is termed. A similar effect may be produced by an over-exertion of these muscles, as occurs in some trades, such as those of shoemakers, cobblers, &c. The mode of curing such affections as these is to abstain from the occupations which cause them; using a generous diet; resting the hand upon a splint, as in this man's case; and, best of all, by the employment of electricity. In addition to the use of these several means, this man was ordered to take half a drachm of the balsam of Peru three times daily, a remedy which has been supposed to be very useful, and I have certainly seen it of great service in cases in which over-exertion of the muscles has caused the paralysis. But this is not all. If the patient should be compelled by circumstances to return to his occupation and again inhale the poison, he will have accumulations of synovia in the joints, producing a species of synovial rheumatism, which will only yield to rest, local pressure, good food, and the occasional use of the warm bath; though sometimes cases of this kind occur which require the same active treatment as severe idiopathic rheumatism. Should the same cause of disease be still in operation, a species of bronchitis, resembling bronchial phthisis, supervenes, in which the patient spits up large quantities of fawn-colored matter. On this state of things a more fearful disease than all, epilepsy, may supervene, and then death soon ensues.

Colica Pictonum.—A man up stairs labors under this imbibition of lead into the system. All persons who use paint in which lead is an in-

gredient, such as coach painters and color grinders, are very liable to this affection. The peculiar name of colic which has been given to it arises from the first impression of the disease being made upon the muscular coat of the intestines. The best remedy for relieving the incipient stage is frequent doses of castor oil, which will evacuate the bowels freely, remove any foul collection that they may contain, and thereby diminish the muscular spasm. Some surgeons give calomel and opium in these cases, because opium has the great property of removing spasm, and this I dare say it certainly does efficiently, but I have very rarely had occasion to use it, having found castor oil answer every purpose. But this disease may proceed further, as in the patient up stairs, who was here for the same affection three months since. He then went out cured and returned to his work, which was a tacit invitation to the disease to return. He has now got what is technically termed the "hand-drop," which arises from a species of paralysis of the extensor muscles of the fore-arm, whereby the hand falls downward, and the sufferers are unable, by hitching and lifting, to bring it up. The best remedies for this stage are, first, to extend the arm and hand upon a splint, thus keeping the muscles at rest, and stimulating their non-contractile power by electricity. Shocks are the best means of applying this remedy, which is generally successful. Beyond this stage, however, the disease will proceed if the same cause be brought again into operation. The bronchial tubes will become affected, and an affection closely analogous to bronchial phthisis will produce rapid debility, and, finally, epileptic fits, and under these depressing causes the patient dies, completely worn out. This man, however, has not reached this extreme stage, and although at present very ill, I do not doubt of his ultimate recovery.—*London Lancet.*

EMPLOYMENT OF BLISTERS.

By Walter C. Dendy, Esq., Surg.

PROBABLY one of the most common errors in the practice of medicine is the indiscrimination between the use and abuse of a remedy. On its success in any one case, the physician often hastily promulgates its value, and it is then adopted with avidity, without judgment or reflection on the principles of pathology. Witness iodine, creosote, veratria, *et id genus omne*. This must be a common source of disappointment.

Regarding doses and periods, also, there is often so little rule observed, as to bring really valuable remedies, especially those of great power, into disuse, and even disgrace; for it may be almost an axiom that the more valuable the use of a remedy, the more perilous is its abuse. In justice to your columns I will not dilate on this point, but will merely allude to a fact regarding the application of blisters in the inflammatory affections of the chest, abdomen or head, in children. I consider these applications of the highest value, especially where sanguineous depletion cannot be adopted or repeated, and in the second stages of pneumonia, meningitis, &c. One error of their employment has been too close a locality to the

seat of diseased action; there should be an interval of space between the counter-irritant and the disease. Another error is too long a period of application, by which an aggravated degree of irritation or perilous ulceration may be produced, or a deleterious effect on the urinary organs by absorption of the lytta.

To avert the impression which these errors have so often caused, and to advocate the proper use of a valuable agent, I may allude to one circumstance attached to my experience in the Royal Infirmary for Children. When I was first appointed to it, my proposition of a blister was constantly met by exclamations of reluctance, often of abhorrence, by the mothers, who alleged that blisters had killed such and such of their children. I found that they had been applied for twelve, sixteen, twenty-four, and even for thirty-six hours.

Since I have adopted the plan of limiting the application to from three to six hours, according to the irritability of the skin, I have never been thwarted by these maternal objections. I may observe that a vesication constantly occurs, although scarcely any erythema can be seen, when the blister is thus early applied.

The objection of delay is now completely removed by the *acetum lyttae*, the effects of which are as speedy as those of a sinapism, while the *epispastic taffeta* will obviate, at the tenderest age, strangury and other deleterious effects.—*Ibid.*

PSOAS ABSCESS.

[Communicated for the Boston Medical and Surgical Journal.]

B. VAN DAME, aged 37, of a temperament highly nervous, spare in body, and of literary pursuits. It would be proper that the remarks I am about to make on this case should be prefaced by saying, that the patient suffered a severe attack of sickness in the winter of 1839–40, which confined him to his bed some months, of the nature of which I am not well informed, as I did not see him during the time, nor were his medical attendants harmonious in their opinions respecting his difficulties. It is, however, sufficient for our present purpose to say that it was accompanied by the formation of an abscess on right back, which was opened opposite the lower dorsal vertebra. This opening did not heal, and in a few months small spiculæ of bone were discharged. From this to the date I am about to give, several fistulous openings made their appearance, from which small pieces of bone were discharged—in all, fifteen pieces came away during the two years.

Was called to see patient August 8, 1842. He stated that about two weeks since, he was attacked with a deep-seated pain in the right iliac region, rather severe at times, which has been gradually growing worse—now right thigh bent a little upon the body—can walk, in stooping position, without much increase of pain. The bodily health being tolerably good, I only prescribed an anodyne liniment to be applied to the painful part.

15th.—Has been getting rather worse—all motion of right leg being very painful. A slight fulness can be perceived in right iliac region.

22d.—Swelling much increased—more painful. No sleep except when under the influence of opium. Can lay only on the belly and face, with right leg drawn up—pulse 120.

Sept. 1st.—The same in most respects as at last date, only swelling is gradually enlarging—pain very severe—takes $\frac{3}{4}$ ss. laudanum every 24 hours, in order to get any rest.

7th.—Is occasionally delirious—getting very weak—takes but little support of any kind—pulse 120. Tongue and mouth quite sore, probably in consequence of the opium. Abscess points most between os ilium and floating ribs.

13th.—Continues much the same; wandering at times; pain not so severe, but the matter is extending round farther upon the back, and points very much above os ilium, where I judged it best to make an opening, which was done with a small abscess lancet, and 12 oz. of thick, purulent matter drawn off. The wound was immediately closed by adhesive plaster, compress and bandage.

15th.—More comfortable as to pain; wound remains closed. Abscess nearly as large as before the opening—points more under Poupart's ligament. Very weak; has been taking a little wine and water, but thinks it does not agree with him.

17th.—Think it advisable to open abscess in the groin, which was done with an abscess lancet, a very small aperture being made, and 36 oz. of purulent matter discharged. Wound closed as before. Allowed wine and water.

18th.—8, A. M., abscess has discharged several ounces; dressed it as before, with the endeavor to heal it if possible. 6, P. M., sent for, dressings displaced, and 4 or 5 oz. of matter discharged. I now dressed the wound with raw cotton, compress and bandage.

19th.—Dressings remain secure; pulse 100. Can take more support; is allowed as much light food as he desires.

22d.—Patient continues to improve. Have removed the dressing every morning, and allowed what matter there was to flow out, which has varied from one to three ounces. Appetite good, takes food freely.

24th.—Opened wound, and about one ounce of dark, serous fluid passed off.

26th.—Allowed the orifice to open, and less than one ounce of light-colored fluid passed off. No purulent matter discharged since 22d.

Oct. 2d.—Wound remains closed, and there is no appearance of any collection of matter of any description. No pain or soreness in region of abscess. Can walk about his room without any assistance.

20th.—Has continued to improve.

B. V. D. called upon me a few days ago, looking quite hale and strong. He stated that he had been perfectly well since October last; that the fistulous openings upon the back healed immediately after his recovery at that time, and that there had been no trouble of any kind since.

Considering the unfrequency of this disease, and its favorable termination, I have been induced to refer to my note-book, and make the above transcript, which is at your disposal to make such disposition of as you may see fit.

JACOB HAYES.

New Market, N. H., Aug. 15, 1843.

UTERINE POLYPUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If, in your opinion, a brief history of the following case, with the treatment adopted, will be either interesting or useful to any of the readers of your valuable Journal, you are at liberty to insert it.

Wethersfield, Ct., Aug. 15, 1843.

ARCHIBALD WELCH.

Miss R. L., aged about 41, was attacked in 1840, with profuse uterine hemorrhage. She resided at that time in western New York, and there consulted a physician, who attended her during her residence in that State. Of his views of the pathology, and his treatment of the case, I have not been able to obtain any information. During a part of that period she was greatly reduced by the hemorrhage, so as to produce fainting when raised from a recumbent position. In 1841 she returned to the county of Middlesex, Conn., where she resided several months, without any mitigation of her symptoms. Early in 1843 she removed to Rocky Hill, an adjoining town in this county, and I was requested, on the 25th of March, to visit her in consultation with Dr. A. W. Barrows, who was then her attending physician.

I found Miss L. with great prostration of strength, exanguious in her appearance, with a sensation of "bearing down," and some degree of "weight falling from one side to the other," when she changed her position. During the whole period she had not been free from hemorrhage at any time more than two weeks, except in one instance, and then but three weeks. I suspected the existence of polypus uteri, and on making an examination, found the *os uteri* dilated about one inch, and through it protruded the base of a tumor about half an inch. The uterus being high in the pelvis, and the tumor protruded so little, the application of a ligature was utterly impracticable; and the patient was not in a condition which promised the continuance of a sufficient degree of strength to enable us, at a future time, to relieve her by the application of a ligature. Under these circumstances I suggested the use of the *secale cornutum*. On the 26th of March Dr. B. commenced the use of the ergot, in doses of three grains once in six hours. On the 29th she had severe periodical pains in the region of the uterus, which were produced by the ergot. On the 30th the pains increased in severity, and produced the expulsion of a large polypus, the size of which could not be definitely ascertained, as circumstances prevented Dr. B. from seeing it sufficiently early for that purpose. The hemorrhage ceased in the course of a day or two, and

with the exception of one slight return, four or five days after the expulsion of the tumor, she has been entirely free from hemorrhage, and enjoys a greatly improved state of health and strength.

THE MULATTO A HYBRID.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Medical and Surgical Journal for August 16, is an article by Dr. Nott, of Mobile, attempting to prove the Mulatto a hybrid. The negro, he thinks, an animal of an inferior order to man, at least to the white man. The whites and the blacks he thinks distinct species. Whether they were different creations, or are merely varieties, he knows not.

A theory which contradicts all history, and science, and the Bible, demands, perhaps, no attention. Still, were no notice taken of it, after its appearance in a highly respectable Medical Journal, some might suppose physicians were really the sceptics they were once called. Dr. Nott will find, if he looks into the first and best of books, that Adam was the common father of all mankind; and that there has been but one creation. In that same book, St. Paul, one of the most learned men who ever lived, will tell him that God made of one blood all the nations of man. Moses, who talked face to face with the Maker of all things, and the inspired Apostle Paul, give parity of birth to all mankind.

Dr. Nott seems to think it admitted on all hands that the Negro is below the white in intellect. He may find, if he will read Herodotus, that the sciences and the arts, in fact, had their birth in Africa among the Negroes. Greece drew her knowledge from Egypt. The builders of the pyramids, Herodotus says, were blacks with woolly heads. And Herodotus had been to Egypt and seen them with his own eyes. And in later times, when our ancestors roamed naked through the forests of Britain, and their priests, the Druids, offered human sacrifices to their idols, the inhabitants of Nigritia were a polished and learned race. Cyprian and Augustine among the fathers of the Church, Hannibal the warrior, Æsop the fabulist, and Euclid the geometrician, were Africans and probably black men.

A physician should be too much of a philosopher to take a detached part of the human family who are debarred all means of intellectual improvement, and conclude, from their inferiority in knowledge, that they are a different species from other men.

Why is the Negro black? It is because an African sun has flamed on his ancestors. The intense heat of the climate has crisped his hair. It would crisp the silky hair of even the fair Caucasian. The white rabbit of Canada turns black if carried to Alabama. And if color marks the intellect, we must all bow to the stupid Laplander, for he is the whitest on the globe.

The objections of Dr. Nott to intermarriages between whites and blacks we will all agree to. But that the offspring of such marriages is a hybrid, is a theory which will not be established in an enlightened age.

Amherst, Mass., Aug. 17, 1843.

G. DORRANCE, M.D.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 AUGUST 30, 1843.

White Sulphur Springs of Virginia.—Having spoken in a very general manner of the Hot Springs, and the Blue Licks of Kentucky, we now intend devoting a page to the White Sulphur—perhaps more celebrated, as a watering place, than any other in North America—but why or wherefore, has not perhaps yet been satisfactorily explained. Of its geographical position, a map of Virginia is a better guide than any written account. It is a free spring, bubbling up through limestone rocks, tastefully protected by a prostyle temple, sufficiently large for shielding visitors from sun or rain, while at the fountain. The water has a disagreeable taste and smell, hardly to be endured by a new comer. However, sick or well, visitors succeed in overcoming the stubbornness of two senses, which, like sentinels, faithfully guard the stomach against its introduction as long as they can. By a succession of efforts, even delicate females actually engorge themselves with it—and finally, by long practice, some persons become exceedingly fond of it. Horses, dogs, &c., in process of time, overcome an instinctive repugnance to all mineral waters, and ultimately give them a preference. We recollect seeing an old horse at the pump at the Blue Lick, supping a few stray drops as they escaped, for two hours in succession, as if unwilling to leave the precious fluid.

A large number of small dwellings occupy the ground about the Spring, for a considerable distance, in which visitors are lodged. Many neat, expensive cottages, belonging to individuals in the southern States, have also been erected, which are occupied by the families of the proprietors during the warm season. As a general rule, meals are taken at the hotel—at a considerable distance from some of the huts. So far as the accommodation of strangers is concerned, it is obvious that there is less physical comfort at the White Sulphur than at any other spring in Virginia. At the Blue, the Red, and the Sweet, there are elegance, taste and convenience. Still, there is an indefinable something at the White Sulphur, that swallows up the principal patronage of the great fashionable public, far and near.

One fact soon becomes obvious to a spectator of the gay scene, viz., that a few only of the successive crowds of strangers who are daily arriving, give themselves much concern about White Sulphur water. To see each other, exchange civilities, and participate in the festivities of the place, are the prominent objects of the moving multitude. With regard to the medicinal properties of the water, the point has long since been settled by competent authority; it possesses extraordinary qualities, and hence invalids from great distances, traverse the wild, mountainous regions of Virginia in pursuit of the last balm in Gilead—for they seldom ascend the Alleghanies till all other supposed remedies have failed of giving relief. A physician, however, who simply looks on in the character of a spectator, discovers that new energy is given to the system by climbing the rugged, fearfully rugged summits of the mountains, and perceives that a

change of climate, an altered diet, and the excitements of new, beautiful and variegated scenery, effect many substantial cures, which are placed, through misapprehension, to the credit of the Spring.

This water is extensively transported over the country, both in barrels and bottles, to be retailed at an enormous profit. Extra signs may be seen on grocery as well as apothecary shops throughout the south and western States, notifying the public that "White Sulphur Water is to be sold here." But such remarkable effects are not produced by it in that quiet way, as when taken fresh from the ground. Hence a moiety of its reputation, it may be inferred, is due to the jaunt in climbing the everlasting hills by which it is surrounded. John J. Moorman, M.D., a scientific physician, and a resident at these Springs, has devoted a series of years to the investigation of the class of diseases for which this water is the most appropriate. No one has labored with more devotion, or accomplished so much that is desirable to know in relation to its chemical combinations or influences upon the human economy. He is a safe guide—whose long experience and unceasing vigilance in one single train of observations, should command the confidence of strangers, as it does the respect and admiration of his professional brethren. Dr. Moorman has a work in manuscript, which has been lying by him, though gradually increasing both in dimensions and importance, on the Mineral Springs of Virginia, which may be expected as soon as he has completed his analyses of other waters, of growing celebrity, in the same State. His publications, thus far, have been pamphlets, containing succinct accounts of the maladies for which the water may be advantageously taken—chiefly useful to those consulting him. He says that the White Sulphur water's medicinal effects are "*most obviously displayed in its action upon the skin, bowels, liver and kidneys.*" "The liver is, in most instances," continues Dr. M., "brought under its influence, from a few days' perseverance in the use of it, as will be abundantly manifest from the character of its secretions. Its action upon the kidneys is generally readily induced, and we not unfrequently see it exerting, at the same time, both a diuretic and cathartic effect. Occasionally, the exhalant vessels of the skin are early stimulated to increased perspiration; but its full effects upon the surface, manifested not only by increased, but sulphureous, perspiration, do not often ensue until it has been freely used for some weeks—nor until the secretory system, generally, has been brought under its influence."

In this extract we have a brief history of its medicinal range of action, subject to such modifications as may be expected by the circumstances under which it is taken—in small or large draughts, under a regulated diet, morning, noon or night. We are persuaded that serious, if not permanent injury is also produced by this same matchless mineral water—not through any defect in the water itself, but by the ignorance and persevering obstinacy of those who resort to the Spring, and persist in its use without advice. A case is at this moment in mind, of a gentleman from a northern city, who is suffering from some peculiar derangement of the functions of the liver, for which every body advised him to go to Virginia. Notwithstanding his want of exact knowledge of the true condition of the organ, he was punctually at the Spring at such hours as he conceived were the proper ones—where he drank just as many tumblers full as he believed, from a knowledge of his feelings and

sensations, were proper ! He would then eat, indiscriminately, of whatever was placed upon the table. There was a daily repetition of this indiscreet process, which, perhaps, is continued to the present moment. Some days he thought himself better ; other days, not so well—but still kept up an uninterrupted engorgement of the stomach with the nauseating potations. It may be presumed that the gentleman will return home as he came—and live long enough to declare that the White Sulphur water could not reach his complaint, or afford him even a temporary relief. Now were this same unfortunate man under the daily care of a physician of Dr. Moorman's eminent qualifications, whose advice is regulated by every phase of the pulse, the excretions, the condition of the bowels, aided occasionally by other means than the water, his restoration might have been effected in half the time that he has been abusing the last running gear of his deranged organic machinery.

If it is ever proper to regulate the regimen of an invalid, it is no less necessary to have a care in regard to his medicine. While he is willing to abide by the decision of cooks and table waiters in respect to the dietetic qualities of the first—the sick man not unfrequently becomes perfectly monomaniacal in respect to the latter, which he takes or omits as he thinks best—manifesting, on these points, more sensitiveness than on any other occasions—since he knows better what is proper for himself, than all the doctors in christendom. At mineral springs such men carry their obstinacy to the highest bearable point—and die, martyrs to their ignorance. Because we have been spectators of this perversity and waste of life—at least, loss of time in effecting radical cures—it is a matter of conscience to urge practitioners to impress upon the minds of such patients as they may send to any of the numerous mineral springs in this country, never to commence the use of them till they have first consulted a physician residing near the premises.

Precocious Puberty.—From the Louisville, Ky. Daily Advertiser, the subjoined extract is taken.

"Died, yesterday morning, at the Exchange Hotel, in this city, a negro boy, the property of Mr. Andrew H. Jordan, of Columbus, Mississippi. We visited him after he was shrouded, in company with his master, from whom we received the following remarkable details concerning him. He was four years old in April last, and four feet one inch in height ; was born in Mississippi of parents in no respect remarkable for any deviation from the ordinary size and temperament of their respective sexes—nothing unusual in person or mind distinguished him, until he completed his first year ; when he began developing in a manner that excited the astonishment of all who saw him. His hair grew with surprising rapidity over his entire body and face, giving him whiskers and beard as luxuriant as an adult. His body assumed the muscular developments of athletic manhood, his strength enabling him, at four years of age, to lift 200 pounds dead weight, with ease. His mind was clear and strikingly vigorous, and his character distinguished for integrity and generosity. We examined his corpse and were astonished at the symmetry and enormous strength of his proportions. A Grenadier might have envied the fulness of his whiskers on cheek and chin, and a Demagogue consented to be honest with the ingenuous expression of his countenance. His hands and feet

were more taper and symmetrical than any of his race we ever saw. He fell a victim to pleurisy, and the eminent medical aid called in to his relief, were fully persuaded of the accuracy of Mr. Jordan's statement of his age."

On the 8th of August we saw this boy at the hotel in Louisville, in company with Drs. Gross, Cobb, Caldwell and Miller, the faculty of the Medical Institute of that city. He was lying on a mattress upon the floor, evidently in very considerable distress, pointing to his right side, as the seat of acute pain. A physician had been called in, who prescribed, it was understood, a Dover's powder, or something else equally inefficient, it appeared to us, without mitigating the severity of the symptoms. While we were present the boy was evidently growing worse, but it was said that the physician could not be found—being probably detained by other patients. It was predicted that the little fellow would certainly die unless some more vigorous treatment followed immediately. The gentlemen urged Dr. Miller to bleed him at once, and save the time that would be irrecoverably lost in waiting indefinitely by way of courtesy, till the regular attendant appeared. We have no doubt that death relieved him that night or the following day. Could he not have been saved by a little more activity at first? Was the treatment the real Kentucky method of subduing active inflammation of the vital apparatus? We can certify to the accuracy of the description above—but the editor did not relate one half that might have been said. The boy had the head of an adult man—the expression and voice of one, and some of his propensities, with the mind of a little child. His unfortunate death is to be deeply deplored by all physiologists, since it is altogether probable nature would have exhibited in his person some extraordinary phenomena.

Harvard University—Massachusetts Medical College.—For the academic year ending August 23d, 1843, the degree of Doctor in Medicine was conferred on the following candidates:—

Henry Arey, *Aneurism.*

Edward Brooks, Jr., *Pleurisy.*

Henry Bryant, A. M. (Harvard), *Hydrocele.*

Samuel Wiswell Butler, *Hernia.*

Willard Wild Codman, *Dental Surgery.*

Henry Cowles, *Cardiac Disease.*

Charles Cutter, *Signs of Pregnancy.*

George Derby, *Erysipelas.*

Charles Monroe Dickenson, *Dislocations.*

Ezra Wood Fletcher, Jr., A.M., *Spasmodic Asthma.*

Edward Hall, *Catarrhus Æstivus.*

John Frazier Head, A.M. (Yale), *Iodine.*

George Hayward, Jr., A.M. (Harvard), *Hip-joint Disease.*

Kimball Hill, *Disease and its Treatment.*

Frederick Howard, A.B. (Harvard), *Erysipelas.*

Alexander Jackson, A.M. (Amherst), *Cataract.*

Othello Otis Johnson, *Disease and its Treatment.*

Joseph Stephen Jones, *Irritation.*

Samuel Kneeland, A.M. (Harvard), *Conjunctivitis.*

Edward Philip LeProhn, A.B. (Montreal), *Phlegmatia-vaginalis.*

Cyrus Sweetzer Mann, *Bronchitis*.

Francis Miller McLellan, A.M. (Brown), *Erysipelas*.

George Mason Morse, *Hernia*.

Horatio Gilead Morse, A.B. (Brown), *Lateral Curvature of the Spine*.

Fitz-Edward Oliver, A.M. (Dartmouth), *Iodine*.

Daniel Thurston Plumer, A.B. (Dartmouth), *Nervous System*.

Stephen Bailey Sewall, *Chorea*.

John Spence, Jr., A.M. (Brown), *Scorbutus*.

Thomas Welsh, A.B. (Harvard), *Varix*.

Jasper Hazen York, *Scrofula*.

Boston, Aug. 24th, 1843.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Law vs. Homœopathy.—From the Cayuga Patriot is gleaned the following intelligence, which is the veriest piece of would-be despotism that has been exhibited for a long while. The interference of a Medical Society, in the little business of silencing a single obscure dealer in pellicles will do much towards giving eclat to the system, ridiculous as it is. Many who dared not venture beyond the purlieus of New York, will, in consequence of this decision, take courage, and there is actually danger of being flooded by all sorts of unprincipled vagabonds, whose hope of success will be based on the toleration of the empire State to quacks in physic, as well as quacks in law. Here follows the narrative: "The Cayuga County Medical Society recently prosecuted a Mr. Peterson, of Union Springs, for practising on the homœopathic system, against the statute. The case came on for trial before Justice Munger, on Monday last, and after the examination of several witnesses, and hearing of counsel, for both parties, was submitted to a jury, who brought in a verdict against Mr. Peterson of 3-4 of a cent. The Jury also gave the amount of their fee, one shilling each, to the Homœopathy Society."

Commemoration of the Death of Hahnemann.—On the 9th inst., at Philadelphia, a meeting of homœopathic practitioners and friends of the inventor of homœopathy, was held, at which it was resolved that an address, commemorative of his character and services, should be delivered, and Dr. John F. Gray was elected orator. An invitation was directed to be sent to the New York Homœopathic Society, asking their co-operation in a solemn festival in honor of his memory. A letter of condolence to his widow was directed to be transmitted by the Corresponding Secretary. Drs. Wilson, Channing, Bolles, Joslin, Kirby, Dannel and Quin, were elected a committee of arrangements to carry the wishes of the Society into effect.

A Medical Board of Health.—At Charleston, S. C., the faculty seems to be appreciated, as whatever appropriately falls within their province is willingly allotted to them. The medical committee of the board of health embraces the following names:—Dr. A. G. Howard, City Register, Chairman; Dr. G. Logan, Dr. L. Lee, Dr. H. Winthrop, Dr. H. W. Desaussure, Dr. C. C. Pritchard and Dr. P. Porcher.

Medical Miscellany.—Dr. Edward Gilchrist, U. S. N., is ordered for duty on board the Savannah, ordered to the Pacific Ocean. Dr. C. F. B. Guillou, U. S. N., is also to join the same vessel.—A new mineral spring has been discovered at Tuskegee, in Alabama. These springs are already very numerous.—At the late annual commencement of Yale College, Ct., 17 gentlemen received the degree of Doctor in Medicine, and 5 received honorary degrees.—The cholera has appeared at Madras—making havoc amongst the soldiers of that station.—Dr. W. Johnson, U. S. N., is Fleet Surgeon on board the frigate United States, at Lima. The assistant surgeons are Drs. R. F. Maxwell, M. B. Beck, and W. Nelson. Dr. N. Pinckney is surgeon of the U. S. Schooner Shark, on the same station. Assistant Surgeon Dr. O. T. Baxter is attached to the Fairfield Sloop of War, now up the Mediterranean. Dr. Marcus Duval, U. S. N., is ordered to the Phoenix.—Dr. Geo. W. Otis, Jr., has been removed from the Marine Hospital, Chelsea, Mass., to give place to a Dr. Loring, of Andover.—Dr. J. G. Rosenstein, who some months since lectured on homœopathy in Boston, advertises that he has established himself at Montreal.—In consequence of the complete disappearance of yellow fever from Vera Cruz, the inhabitants have celebrated a day of public thanksgiving.—The public health is excellent in Savannah, notwithstanding the great quantity of rain.—Mrs. Elizabeth House died at Wheeling, at the great age of 110, wanting a few months. She had had almost uninterrupted good health, and could read the finest print up to the time of her death.—A negro child, 13 years old, is exhibiting at New York, on account of weighing 405 lbs.—Great mortality has existed at Tobasco, among the shipping.—Dr. Peter Christie is ordered to the Navy Yard at Portsmouth, N. H. Dr. Samuel Jackson, order to the Portsmouth Yard revoked, and leave three months. Dr. J. D. Miller, detached from the Philadelphia Yard and to the Perry. Dr. C. F. B. Guillou, order to the Lawrence revoked, and to the Philadelphia Yard.

TO CORRESPONDENTS.—For six weeks the editor has been travelling, which will be a sufficient apology for any apparent neglect in regard to a variety of favors which have accumulated in his absence. Immediate attention will be given to books, pamphlets, circulars, &c., and such letters answered as require particular notice in that way.—Dr. Gallup's communication is marked for insertion; also, two articles on emasculation for seminal weakness, and one from Rochester, N. Y., on strabismus divergens. We tender our thanks to Dr. Dunbar, of Baltimore, for his favor.

MARRIED.—In New York, Dr. Charles W. Churchill to Miss Louisa Sigison. —At Fontville, Gilbert W. Hazeltine, M.D., to Miss E. C. Boss.

DIED.—At Middlesex, of consumption, Dr. Rial Blanchard, 30.—At Waterford, N. Y., Dr. Timothy Upham, 36.—At Charity Hospital, New Orleans, of yellow fever, M. J. Jamet, a medical student.—At New York, by suicide, Dr. P. Johnson, 26.—At Pekin, Ill., Dr. Samuel Pillsbury, 44, formerly of Boston.

Number of deaths in Boston, for the week ending Aug. 26, 46.—Males, 24.—Females, 22. Stillborn, 4.

Of consumption, 3.—inflammation of the lungs, 1.—bowel complaint, 4.—scarlet fever, 1.—cholera infantum, 6.—hooping cough, 3.—marasmus, 3.—infantile, 4.—drowned, 2.—teething, 2.—inflammation in the head, 1.—lung fever, 1.—intemperance, 1.—fits, 4.—measles, 3.—inanition, 1.—dropsy in the head, 1.—dysentery, 1.—croup, 1.—cholera morbus, 2.—diarrhœa, 1.—typhus fever, 1.

Under 5 years, 33.—between 5 and 20 years, 2.—between 20 and 60 years, 9.—over 60 years, 2.

Pathology of Phlegmasia Dolens. Differences of Opinion.—A debate on this subject recently took place in the French Academy of Medicine, in the course of which MM. Breschet, Blandin and Velpeau announced their opinion that the disease was not invariably dependent on inflammation of the veins, but, in a greater number of cases, on that of the lymphatics. M. Velpeau said, "According to my observation, phlebitis is far from being the common cause of phlegmasia dolens; most frequently the disease commences by an inflammation of the deep lymphatics of the limb in which the œdema takes place." Both M. Blandin and M. Cloquet admitted that the disease was by no means confined to recently delivered women, but often appeared in men; and the latter gentleman, with MM. Moreau, Berard and Gerardin, considered it to have its seat essentially in the cellular tissue of the limb affected. M. Andral attributed the more frequent occurrence of the disease in women solely to the greater liability of their sex to pelvic disease. "In certain cases of phlegmasia (he said) I have verified the cause to be inflammation of the lymphatics, but the œdema, when from such a cause, has been slight. When phlebitis is present, on the contrary, the œdema is considerable and the pain acute. In the great majority of cases the painful engorgement is due to the obliteration of veins previously inflamed." These views have been made public in the "Experience" and the "Gazette des Hopitaux." We believe that as long back as 1817 or 1818, the late Dr. D. Davis entertained the idea that the true pathology of phlegmasia dolens was inflammation and obliteration of the external iliac and femoral vein; we do not, however, find his claim to discovery alluded to, or even his name mentioned, in the reports of the above discussion.—*London Lancet.*

Erysipelas.—An infant, fourteen months old, was attacked with erysipelas on the face, which extended down the neck to the chest, and down the arms to the finger-ends, the hands becoming œdematous. Calomel, antimony and purgatives were freely administered for more than a week without permanent benefit; on the contrary, the disease was extending itself, and the child had become comatose. Under these circumstances half a grain of quinine was given every two hours, and a blister applied to the thigh. The amendment was almost immediate, and the child two days after was convalescent.—*Dr. C. Searle, in London Lancet.*

Emetics.—The use of these medicines in stimulating into action the *vis medicatrix naturæ* has been amply proved in two cases occurring lately at the Hôpital de la Pitié, Paris. One was that of a man who had sustained severe injury on the head, followed by incipient inflammation, which several bleedings and the local application of ice employed throughout two days failed to subdue. A copious emetic was administered, and in less than twenty-four hours the symptoms had dissipated. The other case was that of a woman recently operated upon for cancer, and afterwards the subject of a bronchitis so severe as to threaten a fatal termination. Bleeding was interdicted by the weak state of the patient, and a large blister on the chest proved useless. An active emetic of tartarized antimony, however, brought in its train a speedy cure.—*Gazette des Hopitaux.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, SEPTEMBER 6, 1843.

No. 5.

INTUS-SUSCEPTIO—SUGGESTIONS GROWING OUT OF THE CASE OF
THE HON. H. S. LEGARE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your July No., of 1843, I noticed a short paragraph as follows: "In one of the papers it is stated that the cause of the death of the Hon. H. S. Legare—was intus-susceptio; and in another is the following paragraph, presumed to be on good authority:—on post-mortem examination, it was ascertained that death was occasioned by an internal strangulation, arising from a twisting of the intestine upon itself at the sigmoid flexure. *His disease, therefore, was one which precluded all hope of the successful application of remedies.*"

It is the last paragraph of this notice which has more particularly called forth these remarks; but since this, a full report of the case, by Dr. Bigelow, has been made in your August No., p. 440, where he says—"Internal strangulation, we have reason to believe, is a fatal disease, except in rare instances, in which a spontaneous restoration of the parts may, under favorable circumstances, have taken place." Now under the ordinary and fashionable treatment of the present epoch, this is readily granted; and a similar case and treatment is shown by Dr. Thurston, in the same monthly No., p. 500. In this case the bowels remained "flaccid" until the third day of the disease; now "half a grain of sulph. of morphia was administered every half hour," and by midnight the abdomen "became suddenly extremely hard, and very much distended, evidently by flatus." In an hour and a half more, the patient died.

This is most commonly the event of invaginations in any portion of the circle of the intestinal canal, as had many times occurred in my own practice formerly, until a fortunate incident occurred some ten years ago, since which time my practice has been so greatly limited I have not met other cases of the kind so as to confirm the proposed treatment. I made public a communication on this subject in July, 1835, in the Medical Magazine, printed at Boston; but as this periodical soon became defunct, and as I suppose never was much circulated or read, it may never have arrested the general attention of the faculty. This paper was styled—*Remarks on Intro-susception of the Bowels, and a new Method of Treatment suggested.* And now, after having gone so far, I do not know

how to introduce my views any better than, with your approbation, to transcribe the chief of this communication; for it seems not to have been noticed, and is probably forgotten along with the periodical.

"*To the Editor, &c.*"—"In looking over your Magazine for May, 1833, my attention was particularly arrested by a case of intro-susception of the small intestines, in a child six months old, related by Dr. W. to the Boston Society of Medical Improvement. The common medical treatment seemed to be unavailing, as is most usually the fact in such cases; and as the intro-susception could be clearly detected in the left hypochondrium two or three inches in length, Dr. Warren performed the operation of gastrotomy, and readily succeeded in reducing the invagination. However, notwithstanding this may be adjudged justifiable, and heroic practice, the child died—and on inspection of the parts there was 'considerable peritonitis with effusion.'

"These cases are more frequent than has commonly been supposed, and as they are usually attended with vomiting and some diarrhœa, they are liable to be mistaken for common cholera morbus, and in children for cholera infantum, or some ordinary constipation, with inflammation. They often occur in malignant fevers when attended with vomiting, in this case a portion becoming invaginated in the part above. It, also, appears sometimes in typhus, or *typhoid* fever. Perhaps physicians generally are not much in the habit of examining the abdomen carefully with a view to the detection of an invagination—and again, it is questionable whether such displacement can always be detected, especially where there is fulness of the adipose tissue.

"I cannot recollect, at this time, that gastrotomy has ever been practised in this country until the present instance. It certainly ought to be regarded as justifiable practice when all other common expedients have failed; but the very delay occasioned by the use of these expedients may too often be the means of rendering the operation abortive; for it will always come too late when peritonitis and effusion have taken place. These changes *often* follow in quick succession, and but little benefit may rationally be expected from the operation after, say, *three or four days*; and yet I know one case which I believe had no rational treatment, that continued two weeks before it destroyed a young woman, and being desired to inspect the body, I found invagination of the ileum in the right side, of about five inches in length, and the parts were nearly free from traits of antecedent inflammation. There were no adhesions nor any effusions, but merely a slight and limited injection of vessels."

"Since writing the above I have discovered an interesting case in the Medical Recorder, Vol. IX., p. 211, for 1826, taken from Hufeland's Journal, in which gastrotomy was *successfully* practised on a man æt. 28, on the nineteenth day of the disease; no inflammation or effusion, and the intestine involved two feet, and a section of two inches made in the intestine in order to disentangle it. However, these operations are distressing and dangerous, and often prove unsuccessful. It is a subject of great importance to form a just diagnosis of the individual case in these operations; but this is often difficult.

"I have no intention of dwelling upon the pathological character of the affection, for the preceding remarks were introduced in order to raise a suggestion, and excite inquiry into the propriety of a different method of treatment in these cases, and that is, the trial to effect the reduction of the invagination by the power of *suction*."

"Many years ago I now recollect having seen an intimation in some periodical* of a practice in Russia of reducing hernia by applying, I think, heated earthen pots for this purpose. Although the idea impressed me pretty forcibly at the time, yet, by some means, it was forced from my mind, and at various times when I ought to have had it at command, until, in February, 1833, when I was much perplexed with a case in a man about 35 years of age. This patient complained of a tormenting, and, as he expressed it, a twisting pain in the right hypogastric region. It was pointed out by him as being near the internal abdominal ring; however, upon a close examination, it was judged to be a little higher up than the ring. Nothing like a tumor could be discovered upon the most accurate touch, he being a pretty fleshy subject. He had been long afflicted with an inguinal hernia of the left side, but this gave him no trouble now, yet served to increase the suspicion of a small part of intestine being confined between the muscular plates of the abdomen. All attempts at relief having failed, and they had been very diligently applied for forty-eight hours, the vomiting of watery matter being almost incessant, and a beginning of the phenomena indicating a failure of the vital forces, an adventurous operation had been almost concluded on, and yet our opinions were undecided between hernia and invagination. At this conjuncture of extreme perplexity, the idea of suction came to my mind as if intuitively.

"The abdomen was somewhat distended, but not extremely; yet so as to afford quite a large surface. A four-quart glass vessel, tumbler-shaped, was readily procured. The atmospheric air was rarified in the vessel by burning a bibulous strip of paper dipped in diluted alcohol. It was suddenly applied by placing one margin an inch and a half from the pained part above, and dropping the remainder so that it included the umbilical region. The suction was powerful, and a large concavity of the peritoneal surface of the parietes must have been the effect. He bore the process without any essential inconvenience after the first shock. It was suffered to remain about half an hour.

"The event of this process was, that the patient complained of but very little of his former pain, but merely a soreness; he vomited only three or four times after, and in twelve hours had intestinal discharges that gave good evidence of their perviousness. His febrile symptoms soon vanished, and in three days required no further attention.

"Now it may be difficult to say what the state of the viscera were in this case; but from the whole of the phenomena I have but little hesitation in believing it was an invagination of the small intestines, and it is difficult to resist the evidence that it was restored by the displacement

* Since the above was written I have discovered a short account of the process in Vol. VII. of the *New England Journal of Medicine and Surgery*, at Boston, for 1817, p. 305.

effected by the change in the abdominal organs, as a consequence of the process.

"I greatly regret that my attention has not been more turned towards this process, so that I might have had it at command on many occasions; and a principal object of this article is to excite the attention of the profession to it, hoping that if others have made use of it they may be so obliging as to make some report of the same; and if even this should excite trials of the process, that they may hereafter be reported."

If it should be used by any, it may not be amiss to notice, that it may be better and safer in some cases to exhaust the atmospheric air by means of an air-pump, as this gradual process may not be so likely to injure the intestines as a sudden displacement might, whilst at the same time the degree of necessary exhaustion can be better graduated. *Still it may not be so useful, as will hereafter be suggested.*

There might be two exhausting receivers placed in opposite directions, and each one have the margin of the glass at a little distance from the point of injury, whenever this can be ascertained. The diameter of the open end of the glass ought to be as large as the surface of the abdomen can admit, especially in fat subjects, otherwise the peritoneal surface will not be sufficient to form a concavity sufficient to receive the viscera, and displace the preternatural state of the intestines. So glasses of very different sizes will become necessary for use.

Internal medicines are nearly useless in either hernia or intro-susception, and had better be withheld, as they add much irritation. However, it may be suggested that previous to applying the exhausted glasses, the patient ought to remain twenty or thirty minutes in a warm bath, and this directly followed by bleeding from the arm. The operation always ought to be done before the abdomen has suffered much ineteorism, for in that event a concavity cannot be well formed, nor can the viscera very easily be moved on themselves. It can be tried with perfect safety in all varieties of hernia where there is good reason to believe that inflammation has not produced adhesions, and before softening or gangrene may have too greatly injured the textures. In some invaginations there may be one or two feet of the tube involved, and such a state might require several applications of the process before it may be entirely evolved. Whether it may be best to apply two glasses at once, or apply one on each side alternately, may, perhaps, be better determined by trials.

If we might be indulged in any further remarks, I would say, that in every case of incarcerated hernia, and also intro-susception, there exists a morbidly tonic, or nosodynamic state of the system generally, most commonly excited by cold, and the place of local concentration of morbid energy is the part affected from a previous state of increased sensibility. That such a state exists is proved by all the phenomena during life, and the muscular rigidity after death. If these views are correct, it will readily be seen how improper a tonic, or stimulating, treatment must be, unless the latter is in very small doses and especially directed to sweating. All narcotics aggravate the morbid condition, and if pushed to any considerable extent increase the spasmodic state, the nervous energy

becomes paralyxed, and death soon supervenes after a few ineffectual struggles of the heart. The secretions are perverted, and meteorism suddenly arises. A mere hint is all that can be offered here.

It may be further suggested that the application of the exhausted receivers by means of burning spirit, by giving a sudden heat on the surface, impeling the fluids exteriorly, and a shock to the viscera, serve to remove spasm instantly, and by this means occasions the invaginations to be more easily moved. The process seems to be one of the most efficient counter-irritants.

Yours respectfully,

Woodstock, Vt., Aug. 24th, 1843.

J. A. GALLUP.

ANIMAL HEAT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was pleased with the communication headed as above, in your Journal of the 2d, and with your permission will make a few remarks upon the same, through your valuable publication.

To discover the true source of animal heat has engaged the time and talent of many great men and deep philosophers; but till modern chemistry had shed light upon this, as upon many other heretofore considered arcana of nature, little was known of this wise provision of Providence. While writers were laboring to establish each his own theory and destroy all others, nothing was done which could possibly lead to a correct knowledge of the subject.

For some years past the theory of arterialization has been generally received, and till I saw the communication above alluded to, I was not aware that any one at the present time doubted its truth.

The principal objection urged against this theory is, that as the change of blood takes place in the lungs, all the heat must of course be produced by this change and in the lungs, which, as Dr. Mason remarked, would make the lungs the furnace, and the arteries the pipes for heating up the animal system.

But this seemingly great objection does not exist. The carbon, instead of being oxydized in the lungs only, is converted into carbonic acid gas in the most minute bloodvessels in all parts of the system. The venous blood in the lungs parts with its carbonic acid gas, and at the same time absorbs an equal quantity, or nearly so, of oxygen gas, which is conveyed by the red globules of the arterial blood to all parts of the system. Nor do these globules part with their oxygen till they arrive at the capillaries. Here it is that the change from arterial to venous blood takes place; and this change consists in the oxygen uniting with the carbon of the metamorphosed tissues to form carbonic acid gas, and with the hydrogen to form water. The globules of the blood having lost their oxygen, absorb the carbonic acid and convey it to the lungs, where it is given off with much vapor in exchange for oxygen.

I have not space to go into a more minute detail, or to bring arguments to prove the truth of what has been said; but permitting it to be true,

it is very evident that no more heat would be generated in the lungs than in other parts of the body ; and this is found to be the case.

Dr. Mason remarks, that as the heat is increased during exercise in proportion as the respiration is accelerated, it follows that in violent exercise the system must be completely charged with oxygen and freed from carbon. Now it is true, that the existing organs at every movement are undergoing a change from organized substance to compounds, which are no longer fit to remain in the body, and as these compounds are unfit for reproducing those organs from which they have been separated, they must pass out of the system in some form or other. That this change will be in proportion to the amount of exercise, cannot be doubted ; the increase of urine during a walk is evidence of this fact. This increased change of the substance of the organs goes to meet the increased supply of oxygen ; their carbon is converted into carbonic acid gas, their hydrogen into water, and the nitrogen is formed in the urine. This being true, it is easy to account for the increase of temperature, and the fatigue and waste of body which sometimes arise from long continued exercise, without a sufficient supply of food. Animals deprived of food can live much longer without exercise than with ; and those with much fat than those of the same species which have none, for the reason that the fat, which consists mostly of carbon and hydrogen, is the first part which goes to support respiration, and continue the heat of the body.

Dr. Mason very properly asks, why it is that the chlorotic maiden, who lives upon charcoal, is continually complaining of cold. This is very easily accounted for when we consider that her digestive organs have lost the power of converting a sufficient quantity of food into suitable compounds to enter the circulation and reproduce those organs which are continually wasting through the agency of oxygen. Nature feels this derangement (if I may so express myself), and suggests the propriety of supplying a substance which contains much fuel and is more easily prepared for the fire. But if this substance in any way helps this difficulty, the rise of animal heat must be very inconsiderable and inconstant, as those who eat this substance are found to consume but very small quantities, and this with no regularity.

It is well known that when bodies pass from a rarer to a denser state, caloric is evolved, and the quantity of heat produced is usually in proportion to their change of bulk.

Dr. Mason asserts that were it not for the fact, that the nutritive matter taken into the stomach consists partly of solids, the supply of heat from the process of nutrition would actually destroy the body. If this idea is correct, we cannot tell why those who live on fluids are not consumed, as some are said to have been who partook too freely of alcohol. Now it matters not whether the food taken is a solid or a fluid, their ultimate consistence before entering the circulation will be the same. If heat is evolved by the process of nutrition, it must also be absorbed by solids which become fluid in the stomach. Nothing is more evident than this conclusion, that if waste and nutrition of the body are in equilibrium, the same quantity of caloric will be absorbed by the metamorphosed substance

of the body and carried off in the secretions, as will be evolved by the reproduction of the tissues; consequently no increase of heat above the surrounding medium can be accounted for in this way. But provided a sufficient amount of heat is produced in this process when the nutrition is active, none is carried off by the process of waste, what would be the condition of the starving animal. It is evident he must freeze to death in a temperature of 30 deg. as soon as the process of nutrition ceases. But this is not the case. Animals deprived of food will live a length of time proportionate to the amount of fat which their bodies contain to the surrounding temperature, and to the number of respirations. A serpent, with its sluggish respiration, will live without food three months, and a fat pig is said to have lived without food 160 days, and to have lost 120 lbs. in weight, while a bird deprived of food dies in three days.

That the temperature of the laboring man is higher than that of him who leads an inactive life, may be true, but it is not owing directly to his increased nutrition, but to an increased supply of oxygen, produced by his accelerated respiration, which implies a corresponding change in the substance of his body, and calls for an increased supply of nutritive matter; hence the cause of the greater consumption of food by the active than the inactive man.

Dr. Mason says that his position is proved by the process of inflammation—that the increase of heat is the latent heat of the blood, which becomes sensible by the deposit of lymph. It is not impossible that some heat may be produced by the process, but we find that the heat is not always in proportion to the amount deposited. Inflammation may take place without much increase of bulk, and yet the heat be as great as in any case; while, on the other hand, a rapid growth or deposit may take place without a perceptible change in the temperature, and even occurs when the temperature is lower than in other parts of the body. We have a more philosophical explanation of this phenomena, and I think a satisfactory one.

The action of the oxygen taken into the system through the skin and lungs, always tends to destroy the body, and disease takes place when the resistance offered to the vital force is weaker than the acting cause of disturbance. Death occurs when all resistance on the part of the vital force ceases, and the chemical process of decay commences, in which every part of the system which is capable of this process enters into combination with oxygen. When inflammation commences in a part, there is a decrease of force in that part to resist the action of oxygen, and all those tissues most easily oxydated, enter into combination with it; hence the reason why the cellular tissue, which contains the fat, is the first to suffer in this process.

TYRO.

August 10th, 1843.

EMASCULATION FOR SEMINAL WEAKNESS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A case of castration, for seminal weakness, was reported in your Journal of August 9, and I would ask of those older and more experienced than myself whether this is the most approved method of treating the disease. No doubt it is the most effectual, and so would decapitation be for inflammation of the brain; but there is something so abhorrent in the idea of an emasculated man, that it appears to me it should be the last resort in all cases. Let us see whether it was the last or first resort in this case.

It seems the Dr. first saw Mr. — Nov. 5, and found him with the symptoms usually attendant on masturbation, a vice to which he had been addicted for six years. After describing the symptoms, Dr. C. adds, that for four years he had been drugged with all sorts of medicines, for all sorts of diseases, by all sorts of doctors. No wonder he found him in a sad predicament, after having made an *apothecary's shop* of his stomach for four years. The greatest wonder is that he was alive. I should hardly have known which to have removed, his *stomach* or his *testicles*. One would have been as effectual as the other.

After diagnosing the case the Dr. prescribed "with very little expectation of benefiting him," and within twenty-four days after first seeing him, *operated*. Had the surgeon been a young man desirous of fame at all hazards, we might have suspected that other motives than the patient's welfare induced him to operate. But in regard to Dr. Crosby we can suspect no such thing. His reputation is established, and has been for years. Is it not a fact that a surgeon gains more applause by maiming than curing? Dr. Abernethy remarked, that "operations are the opprobrium of the profession"—a sentiment which all surgeons would do well to adopt.

On referring to Lallemand, I find cases reported as cured by caustic, which were incomparably more hopeless than Dr. Crosby's. But it seems recourse was not had to cauterization for the want of a proper instrument (he could easily have obtained one), although he quotes Philips to prove that this may be successful in three fourths of the cases, under favorable circumstances.

Now if the application of caustic will prove successful in three fourths of the cases, or one fourth, or one hundredth, yes, or one thousandth, give the patient the benefit of it. It will not then be too late to castrate. It will never be too late to castrate, till the judicious application of the most approved remedies has failed of success; and in order to a fair trial of medicines, the case must be accurately diagnosed before the patient is "drugged with all sorts of medicines."

We are told the patient has every prospect of health and a life of usefulness! But he will be reminded occasionally, that while he has all this in perspective, there are some *essentials which he has not got*.

The fact that the patient solicited the operation argues nothing, because

persons afflicted in this way would as soon choose death as life; but a man is not justified in taking the life of another at his request.

I have been induced to make the foregoing remarks, in order to gain the opinion of medical men upon the case reported, and shall be obliged if you will give this publicity through the pages of your valuable Journal.

Lowell, Aug. 23, 1843.

J. MARSHALL, M.D.

THE NEW REMEDY FOR SEMINAL WEAKNESS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The novel treatment of the case of seminal weakness reported in your Journal of the 9th inst., with so much self-gratulation, must have struck you, as well as many of your readers, with surprise and regret—surprise, that an operation so grave in its consequences as often to deprive the patient of all self-respect as well as the respect of others, should have been performed on individual responsibility, without a consultation, and without even trying other means that have so generally proved successful—regret, that the honor of the profession should suffer, not merely on account of the *mutilation* of this young man, for surgery is often compelled to do this and more, but that it was done so *hastily*, if not *unnecessarily*, without trying other well-known remedies. The object in reporting the case is not very evident. It could hardly be to communicate the fact that *such a remedy* would cure *such a disease*, for that result would be as certain as that the power of vision would cease on the removal of the eyes, or the secretion of bile on the destruction of the liver. The operator has voluntarily presented himself with his case at the tribunal of public opinion, and is entitled to a candid and impartial decision. Will he consent that even-handed justice shall be awarded him by the golden rule, that “with *what measure ye mete it shall be measured to you again*”? From the practical application of such a principle, the doctor would derive new ideas of the wide difference between *meum* and *tuum*, and would be more wary of the use of the knife in future. Let the operator for a moment imagine himself in his unfortunate patient's stead, with the knowledge “that for four years he had been drugged with all sorts of medicines, for all sorts of diseases, by all sorts of doctors; no one knowing the true nature of the malady or the cause of it,” when fortunately, *the one* more deserving than all the rest comes along, sees not only the nature of the disease but the remedy, and congratulates him with immediate relief, and, what is better, *radical* cure. The remedy is simple, says this new medical friend, as well as effectual; you have only to have both your — cut out. “*Horresco—nunquam, nunquam*,” the learned patient would exclaim, “*I am horror struck—never, never*.” But, my dear sir, says the new doctor, be calm and decide dispassionately. Here lies, most certainly, the root of the evil, and it should be eradicated. The remedy is certain, and you will “become cheerful and happy, and with every prospect of a life of usefulness.” But 'tis a dreadful idea, *repels* the patient; “your proposition has excited ideas the most painful—

a train of thought that I cannot communicate. I have a family—if I were alone in the world ”—“ But, doctor, is there nothing else will do ? ” “ This is a horrid expedient. You said you could *cure*—this is annihilation—it is death—worse than death, ’tis a living death. Is there nothing else that can first be tried ? ” O yes, says the doctor, Lallemand, a celebrated French physician, has directed his attention particularly to this malady, and has reported his practice as very successful, and it is now generally adopted, curing at least three fourths of the patients. “ Doctor,” exclaims the patient, “ you inspire me with new life ; you know another remedy, why then not try it before resorting to so horrid an expedient ? ” I would gladly do it, replies the doctor, but “ *I am not in possession of the proper instrument !* ”

The above are the simple facts in the case, as related by Dr. Crosby himself, omitting the supposed remarks of the patient. Had Dr. C. given his patient all the knowledge of his case that he has given the public ; had he informed him his case was not hopeless, that a very simple remedy and easy of application would in all probability cure him without depriving him of manhood ; would this unfortunate young man have consented to, much less *urged*, immediate *emasculat*ion in the first instance ? What must be the reflection of this unfortunate patient, should Lallemand’s work chance to fall under his inspection ? or should he read even the doctor’s own report of his case, and have the astounding fact flash upon his mind that there were seventy-five chances in the hundred for him to have been cured, and that without consultation or advice, his physician deprived him of them all, for no other reason than “ not being in possession of a suitable instrument ? ”

Portland, Me., Aug. 20th, 1843.

STRABISMUS DIVERGENS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The fact that the operation for *strabismus divergens*, is not as successful as the operation for *strabismus convergens*, is notorious. No sufficient explanation for this fact has yet been offered. To supply this deficiency we write.

A strange incongruity has ever existed among anatomists as to the function of the inferior and superior oblique. Dr. Pancoast, in a note to Quain’s anatomical plates, has declared, what dissections carefully made (in my presence) have confirmed, viz.; that it is the action of the superior oblique to pull the eye *outwards* and *downwards*, and of the inferior oblique to pull the eye *outwards* and *upwards*. For proof of this action I would refer you to the anatomy of the eye as given by Pancoast’s Quain. Upon this view of the action of these muscles, depends our theory for accounting for the difficulty of removing the defect in *strabismus divergens*.

Then we have *first*, The *rectus externus* antagonizing directly the *rectus internus* ; *second*, the two *obliqui* antagonizing indirectly the same

muscle. If we divide the *rectus externus*, the two obliqui, having gained power by the long inactivity of the *rectus internus*, are still able successfully to antagonize this relaxed and weakened muscle. We advance, then, this as the theory, viz., that the difficulty of remedying strabismus divergens arises from the contraction of the two oblique muscles, *outwards*; and were this removed the operation would be entirely successful.

It may be objected, that the two oblique muscles being involuntary, would have no direct and *permanent* effect. This is rather an argument for than against; for, after the division of the *rectus externus*, when the patient is directed to turn the eye inwards, he is unable so to do, in consequence of the debility of the *rectus internus* and the *involuntary* outward action of the two oblique muscles. If the involuntary motion is allowed to the superior oblique and denied to the inferior oblique (as suggested by some), still the superior oblique is a stronger muscle, and by drawing over the pulley possesses a decided advantage over the inferior. Either or both of these cases we conceive to be arguments rather for than against our position.

It may be objected, also, that were there three muscles to act in unison against the *rectus internus*, the divergent variety of strabismus would be the most common. In Pancoast's edition of Quain and Wilson, p. 15, second part, a sufficient answer will be found, viz., "The three (superior, inferior and internus) recti are supplied by the motor communis (third pair), and when they act together under the stimulus of that nerve, they have a tendency to sink the ball of the eye and bring it towards the inner canthus, thus causing strabismus convergens."

It may be urged, as a further objection, that there is sometimes an inability to turn the eye out after the operation for strabismus convergens. This we suppose to be produced by the paralysis of the *rectus externus* and oblique muscles, and might be remedied by proper applications and exercise.

* * * H.

Rochester, N. Y., Aug. 30th, 1843.

EMPLOYMENT OF WOMEN AND CHILDREN IN HUSBANDRY.

THE report of Mr. Austin, on which we commented in our last No. but one, gives a gloomy portraiture of compulsory apprenticeship, as it exists in many of our agricultural parishes. Yet, dark as the representation is, we fear that it is not overcharged. It is drawn from the concurrent testimony of witnesses in various grades of society; and though their evidence is combated, as usual, by that of others, the probability is, unfortunately, on the unfavorable side. The state of these young husbandmen and women approaches so nearly to that of serfs, or even slaves, that it is difficult to doubt the existence of the evils which bondage always brings in its train.

"To be worse treated than a parish apprentice," says Mr. Bidwell, "is a proverb, and were not proverbs held to be founded in truth, I could

support the verity of this in a variety of instances, of a *general* as well as particular character."

The system is as follows. At the age of 9, a boy is taken away from his parents, not to be restored to them during his minority. "Neither parents nor children are consulted," says Mr. Austin; "they are separated by an act of law, against which there is no appeal." This separation is continued for twelve long years, which must be sufficient, in a large number of cases, to produce the most complete estrangement between parent and child; as it is not to be supposed that in so poor a class, apprentices and their parents can visit one another often enough to keep up the feelings of kindred in their original freshness. Indeed, mere distance would often make this impossible. The Stat. 56, Geo. III., which regulates apprenticeships, enacts that a child shall not be bound *more* than forty miles from its place of settlement! The apprentices are knocked about *ad libitum* by their master, mistress, and all the other rulers who are put in authority over them; and though very gross cases may be carried before a magistrate, the remedy is obviously as bad as the disease. A household carried on by appeals to the 56 Geo. III., cap. 126, is in an unhappy condition. Sometimes, too, the master can make his apprentices very miserable, and yet keep within the limits of the law; at other times the apprentices are skilful in the art of worrying, and yet keep on the windy side of Geo. III.

Nor do the females escape the wild justice of the farm house. Mary Puddicombe tells of her service at Blackiston, when no longer an apprentice; the servants used to beat her, and her master to bang her till she was black and blue. But, "apprentices were treated worse; two, without fathers to look after them, were beat with a stick for anything that happened. One maiden had her arm cut to the bone with a stick the young master cut out of the hedge at the time, for not harrowing right, for not leaving enough for a harrow to go back again. That went to a justice: master was fined £5 and had to pay the doctor's bill. The £5 was given away in bread to the poor. The parish did not bind any apprentices after that."

It was a broad hint to leave off, truly! Mary Rendalls informs us that when apprenticed she had a bad mistress, who used to throw her on the ground, hold her by the ears, kneel on her, and use her very ill. The witness, now 41 years of age, has still the marks from kicks upon her. Mr. Lyddon, a surgeon, has often made inquiries into the condition of apprentices, and is inclined to think that at times corrections rather too severe are inflicted.

Mr. Troode, a farmer, had an apprentice, who did not go to church though sent, and was out late at night. Mr. Troode applied to a magistrate; the boy was sent to a tread-mill for a week, and whipped twice; "but that only made him worse than before; nothing hurts a boy like punishment of that kind." The witness, adds, "I had another apprentice, a girl, who staid out all night; nothing could be worse; Mrs. Troode scolded her, and the girl threw some potatoes at her, I came in at the moment and struck her with the horsewhip. The girl's parents applied to

an attorney at Exeter, and the case was brought before magistrates; I was fined £1. Upon this I ordered all my apprentices out of the house, for I found I could not have the proper control over them."

Mr. Palk, a farmer, says, "we don't let our apprentices go home to see their parents; parents who have been apprenticed never like their children to run home much."

George Moxey, a laborer, says that when an apprentice, he was never beaten nor ill-used by his master, but that he was badly used by the other apprentices; "apprentices always beat each other, go wherever you will."

In fact, the apprentice, friendless and forlorn, is too often knocked about like the fag at a public school, but with a far longer period of slavery before him. He is among those that time lags withal, and few can feel more strongly the pungent truth of the couplet—

Slow as the years's dull circle seems to run,
When the brisk minor pants for twenty-one!

Nor are these poor drudges always consoled for their destiny on earth by the hope of a "bright reversion in the sky;" for, "although they are sufficiently clothed for their work," says Mr. Austin, the reporter, "they sometimes have no better clothing for the Sunday; and their masters are ashamed to let them appear at church in their ordinary dress of the week."

Indeed, one of the witnesses, the Rev. Peter Benson, affirms that the moral and religious instruction of a child commonly ceases almost entirely when he has been apprenticed. Farmers do not like to send ragged children to church; and "the rule is rags, the exception is the other way."

A master, of course, stands *in loco parentis* to his apprentice, and if habitual kindness were checkered by occasional severity there would be little or no reason to complain. But if his goodness always "wears the sterner face of love;" if authority scarcely ever melts into indulgence; if the only thing which the farmer can allege in his own favor is that his apprentices have a bellyful, can we wonder that discontent hardens into hatred, or that the despised serf grows up into the enemy of the social frame which has crushed him?

It would be sad indeed were there no exceptions to this painful rule; we hope that there are many, and bright ones.

Mrs. Tuckett, of Dunsford, in Devonshire, who retains the farm which her husband occupied, draws a pleasing picture of the felicity of her family. Her house is conducted in the old-fashioned Devonshire way. Mistress, servants and apprentices mess together on the same provisions; nor are they kept under lock and key; everything is open. The apprentices have five days holiday in the year; three at Christmas and two at Easter, and Mrs. Tucket gives them little amusements then, and at other times. Their parents come to see them when they like, and there is always something to eat and a glass of cider for these visitors. The girls are never allowed to work in the fields, except occasionally at hay

time, and then they are kept "in a little set, away from the other people, not to hear their talk."

But Mrs. Tuckett, of whose intelligence and worth Mr. Austin speaks with due praise, is a rare exception; and we perfectly agree with the reporter that it will be well to discontinue agricultural apprenticeship for the future.

We cannot conclude this article without touching upon a point which is prominent in almost every page of the evidence; we mean the extreme privations and singular patience of our rural population. The stringent severity of the New Poor Law was built on the supposition that the poor spent their wages in luxury and dissipation, and that they ought to be compelled to save up money for old age by the prospective horrors of a Union work-house. But, alas! the mass of evidence, unpicked and ungarbled, shows that the laborer's wages, in general, scarcely pass starvation point; and instead of the cruel mockery of requiring the husbandman to save something from nine shillings a week, we ought rather to remind the opulent that, in the words of Rousseau, the best medicines for the poor are to be found in the kitchens and cellars of the rich. Instead of constantly reproaching husbandmen, as a class, with their occasional errors, the impartial moralist, when he peruses

"The short and simple annals of the poor,"

will be rather inclined to admire their uncomplaining fortitude, and will admit that the heroism of private life is most often to be found in a station where we should have been least likely to have looked for it.

In the Report before us, Dr. Greenup, of Calne, after giving in detail the necessary expenses of a laborer's housekeeping, remarks, that when he reckons these things up, he is always more and more astonished how laborers continue to live at all. The diseases which he sees among the poor almost all arise from want of proper food and clothing. At Studley, in Wiltshire, it appears, from the evidence of Mr. Henry Phelps, agent to the Marquis of Lansdowne, that the women work in the fields like men. They are employed in reaping and binding corn in harvest, hay-making, hoeing turnips, weeding, picking stones, filling dung-carts, &c. For this they get 8d. a day, or sometimes at harvest, 10d.

Mr. Bowman, a farmer, and vice chairman of the Board of Guardians of the Calne Union, says that, in the great majority of cases, the laborer's family has only the man's wages, 8s. or 9s. a week, to live on. It is a mystery to Mr. Bowman how a man and wife, with five or six children, can live on this. We take it for granted, therefore, that the vice chairman does not think it just to punish the laborer in his old age for not having bought an annuity out of the abundant income of his greener years.

Mrs. Britton, the wife of a laborer, deposes that she has seven children, all boys, varying in age from fourteen years to nine months. One of the children is a cripple, and the Guardians allow two gallons of bread weekly for him; but although her husband is a tea-totaller, the family has not even a sufficiency of bread to eat; and they all sleep in one room.

The next witness, Mrs. Sumblar, the wife of a laborer, gives an account of the unceasing toil in a dairy, having been herself employed in one for eight years before she married. "When cheeses are made twice a day, the work is never done; the work lasts all day, from three in the morning till nine at night."

Another witness, after giving the details of her spare housekeeping, adds, "we never know what it is to get enough to eat; at the end of the meal the children would always eat more. Of bread there is never enough; the children are always asking for more at every meal; I then say, 'you don't want your father to go to prison do you?'"

It is almost needless to multiply these details of extreme penury. Mary Haynes, a widow of Calne, does men's work in the fields, and has not even a change of clothes. She receives 5s. a week in summer, and 4s. 6d. during the other months. Besides stone-picking, weeding and hay-making, she reaps and hoes turnips, employments which some persons suppose to belong to men alone.

"As for work," says another practical philosopher, speaking of the farm where he was apprenticed, "why, people must work, and there was a plenty of that;"—the grievous point is, that the work should be so miserably paid.

In a word, the good humor with which our laborers in husbandry bear toil rewarded by semi-starvation is worthy of all praise; and forms a singular contrast to the distorted ingenuity with which many of their superiors find subjects of annoyance and discontent in the midst of prosperity.—*London Medical Gazette*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER 6, 1843.

Principles of Human Physiology.*—No one is presumed to be unacquainted with the name and services of William B. Carpenter, M.D., of Bristol, Eng., a celebrated writer on human physiology. He is the same man who was accused by Dr. Paine, of New York, of doing that which ought not to have been done, &c.; but there is no need of raking over the ashes for dead coals, in order to explain who Dr. Carpenter is. Copies of the English edition of a learned production by this gentleman, are common, but an American edition was a desideratum.

Dr. Clymer, of Philadelphia, has remodelled that valuable book—*Principles of Human Physiology*—and made such additions as in his judgment were necessary to give a completeness and finish to the whole, according to the present standard of physiological knowledge. In the foreign,

* *Principles of Human Physiology, with their chief Applications to Pathology, Hygiene, and Forensic Medicine, especially designed for students, by W. B. Carpenter, M.D., &c., first American edition, with notes and additions, by Meredith Clymer, M.D. Philadelphia: Lea & Blanchard. 8vo., p. 518. 1843.*

as in the present, edition, it is expressly declared that the undertaking is designed for students. It is hoped that coming generations of practitioners will excel their predecessors; there can be no apology for them if they fall short of the present standard, since learning is made easy to them by the most eminent writers of the present age. But although the resources of the author's comprehensive mind are apparently devoted to the advancement of new beginners in study, there is a splendid exhibition of the powers of analysis, an uncommon degree of success in making abstruse subjects clear, and in forcibly impressing upon others the laws of life which he so well understands, that will give eclat to Dr. Carpenter's reputation when he will be insensible to praise.

All who can afford to have a good system of physiology, should possess this; and those who are able to keep pace with the progress of science, should not be without it. There are 618 pages, large-sized octavo, on good paper, with a type as distinctly made as can be executed. No necessity seems to exist for extracting from its pages, or commenting especially on any particular parts or portions of the volume—because it is presumed that all who can, will avail themselves of it. Probably this improved edition does not cost more than one third the price asked for it in England, and yet it is superior in very many respects. If publishers are not encouraged, we may expect to pay dearly for all that comes from Europe, when the medical press of the United States becomes discouraged.

Theory and Practice of Midwifery.—A beautiful American edition of Dr. Churchill's admirable work, heretofore noticed by us, is fresh from the prolific press of Messrs. Lea & Blanchard, Philadelphia, with copious notes and additions by Dr. Robert M. Huston, M.D., of Jefferson Medical College. There are 116 illustrations by that best of anatomical engravers, Gilbert.

It so happens that an extended notice of this excellent treatise cannot be given the present week; yet we should be unwilling to omit extending a notice of its appearance, that those about joining the various medical schools the ensuing lecture season, may avail themselves of its assistance. Both the publisher and the American editor have conferred a special favor in re-producing this work in the United States.

Jefferson Medical College.—A pamphlet of twelve pages announces the course to be pursued the ensuing lecture season, if the world last, which the Signs of the Times is disposed to question. Nothing more can be said commendatory of this enterprising school, than has been repeatedly expressed in regard to it in times past and gone. It is a desirable institution for any man to join, who is studying medicine. The faculty are distinguished for their attainments in science, and their happy faculty for teaching. The buildings, the museum, opportunities for studying practical anatomy, witnessing surgical operations, and seeing some of everything which should be seen by a student, give importance to the Jefferson Medical College. Dr. Pancoast, the professor of General, Descriptive and Surgical Anatomy, is beginning to be appreciated as one of the best anatomists in the city of Philadelphia.

Gettysburg Private Medical Institute.—A good name, like a sweet odor, radiates to a great distance. Dr. Gilbert, of Gettysburg, Penn., is one of those industrious, laborious medical inquirers, who raises the dignity of the calling in which he is engaged, while elevating himself. Quite alone, out of the reach of Philadelphia medical influences, without a charter or a single co-worker, he has built up an institute that already rivals in the number of its matriculations, scores of the corner-lot colleges of pointed notoriety. Twenty-nine names are on the printed catalogue. Dr. Gilbert receives students, instructs them, and furnishes them with books, lights, fuel, &c., eighteen months, till prepared for attending lectures, for \$100. No additional charge is made if the pupil remains till graduation. Board is procurable from \$1,50 to \$2,00 per week. He has our best wishes.

Medical Society of Natchez.—On the 2d of December last, this association was organized, and a constitution adopted that is highly creditable to the profession of that city. It shows that honor and honesty of intention are leading elements in the profession everywhere, and that order, heaven's first law, is appreciated as much in Natchez as in some older human localities. Following the letter of the law, is a synopsis of medical etiquette, the production of Samuel A. Cartwright, M.D., the observance of which will keep peace, professionally, at home, and win respect for the members abroad,

Rule 8th might be committed to memory out of the State in which it was written, and with manifest advantage to very many great self-announced discoverers in the healing art. "Medical knowledge is not private, but public property. It consists of the accumulated experience of all ages and countries, enlightened, guided and directed by the whole circle of sciences. Hence it is contrary to the rules of medical etiquette, and highly empirical, for any physician to pretend that he treats diseases differently from other members of the faculty. If he does so he is an empiric. If he does not do so he is a deceiver and acts disingenuously, by claiming as his own, in his individual capacity, what belongs to the whole profession—and is alike open to all. If he has actually stumbled on a better method of treating disease than the world knew before, he is morally and professionally bound to make it known to his medical brethren."

Kemper College.—In times past mention has been made of this institution—located in the growing city of St. Louis, Missouri. A prospectus is now circulating for 1843, both to explain the doings of the past, and announce intentions for the future. This is what the Dean of the faculty says :—

"That St. Louis is destined to build up and sustain a great medical school, no one will deny; and that the Medical Department in Kemper College is to be successful, we most heartily believe, and even our enemies must admit. Relying upon their own resources, the Faculty have thus far borne it upward and onward with signal triumph. No school has been, in its infancy, better patronized; nor can any one boast of a greater number of graduates of equal respectability; and although we speak of the youthfulness of the school, it is not so with its Faculty—

several of them are veterans in science, and none who are not thorough in their departments. But while we rely on the reputation of the older, we do not the less rely on the vigorous manhood of the younger members of our faculty. Besides, there is an ambition for success with us, that makes it no longer conjecture, but we look for triumph as we look for the sun in the morning of a clear day."

No lack of confidence in all this; though there may be something wanting in the individual who wrote on the back of a circular directed to the faculty of a medical institution in Kentucky, not many weeks ago—"Consult the fifth chapter of Daniel, the 25th and 26th verses." If the scribbler is setting up for a prophet, he had better renounce physic, as this specimen of courtesy shows him utterly unfit for either.

The following is a list of graduates for the session of 1842-43:—Henry Lemcke, *Opium*; J. H. Hawk, *Leucorrhœa*; William C. Harrington, *The Pathology of the Cellular Tissue*; Andrew B. Barbee, *Puerperal Fever*; Wm. Bolton, *Inflammation*; Charles L. Lamb, *Hernia*; John C. Campbell, *Malaria*; Thomas C. Moore, *The Pathology of Fever*; Charles H. Bradford, *Indigestion*; George W. Scollay, *The Importance of Anatomical Knowledge to the Practitioner of Medicine*; W. P. Thornton, *The Physiology of Indigestion*; Andrew W. Hunt, *The Pathology and Treatment of Indigestion*; J. G. Adams Frydenger, *Fever*; James Whitten Boyle, *Lobelia Inflata*; Victor W. Cwierzdzenski, *Fever*; D. F. Stevens, *Intestinal Worms*; James N. Allen, *Fever*; James Beard Williams, *Irritability*; B. F. Taylor, *Rheumatism*.

Medical Graduates.—To the Editor.—Sir: In the list of Medical Graduates of Harvard University, published in your last No., the name of Moses Williams Weld, A.M. (Harvard), was accidentally omitted. The subject of Dr. Weld's dissertation was *Varix*. I will thank you to insert this correction from the record. The whole number of graduates was thirty-one.

W. CHANNING, Dean.

Vomiting a Cure for Phthisis.—It is stated that 176 patients under consumption, 47 in the incipient, and 129 in the advanced stage, admitted during a period of four years into the military hospital at Capua, were ultimately discharged perfectly cured, their treatment having consisted in the administration of a tablespoonful night and morning of the following mixture:—Tartarized antimony, three grains; syrup of cloves, an ounce; decoction of marsh mallows, six ounces; mix. The dose was to be repeated until vomiting ensued.—*Annali Univ. di Medicina, in London Lancet.*

Medical Miscellany.—Dr. J. M. Smith, U. S. N., has been detached from the Hospital, Philadelphia, and ordered to the Lawrence.—A young man lately died at Baltimore, in consequence of skinning a cow that had died of poison.—Dr. McClenachan, recently tried at Norristown, Pa., for a violent assault on a clergyman, who had provokingly insulted him, was fined \$30, and 30 days' imprisonment, imposed by Judge Burnside.—A Miss Allen, of Boston, is lecturing at Springfield, Mass., on animal magnetism.—The smallpox has broken out among the foreign emigrants

going up the Erie canal, near Buffalo.—Dr. Vacke wrote officially from ~~ruspuuoy~~ to the New York Common Council, informing them that a fever of a bilious character was prevailing there, out of which a vast commotion has arisen in reference to a certain schooner Vauda. The non-intercourse between New York and Romdent, growing out of a proclamation of the acting mayor, expired on Thursday last.—There is an increase of yellow fever cases at New Orleans every time we receive advices. On the 18th and 19th, of 17 admitted to the Charity Hospital, 13 died.—About 1400 persons arrived at Saratoga week before last.—The public health is excellent at St. Thomas the present season, notwithstanding the scarcity of water—no sickness made inroads upon the community.—A new proposition for regaining lost health, is to ascend in an air balloon once or twice a week, to be invigorated with an untainted atmosphere some six miles high, and delighted with an extensive prospect below.—Dr. Grant, at the last accounts, was on the way from Masul to Asheta, on the Koordish mountains.—Dr. Whitman, the missionary physician, still remains with the Oregon Indians, in regard to whom he has collected some curious observations.—A new and ingenious series of apparatus has been invented by Dr. Row, of White Plain, N. Y., for the management of fractures, deserving the attention of surgeons. It is not convenient, the present week, to describe its structure, or point out its supposed advantages over other favorite contrivances for securing broken bones.—A report is abroad, says the Western Journal of Medicine and Surgery, that the yellow fever has appeared at Pittsburgh.—Dr. F. J. Lemoyne, of Washington Co., Pa., has been nominated for Congress by the Abolitionists.—Dr. Humphrey, of Guernsey, Ohio, has been mulcted in the sum of \$3000 for giving a boy too much calomel. He is a regular practitioner.—Dr. Droux, the inventor and manufacturer of the manakin, has modelled the anatomy of a cockchafer, which, though only twelve times larger than nature, consists of six hundred parts, easily separated and reunited.—The yellow fever has raged extensively on board the French frigate Gomer, a steamer, at New Orleans. Sixty cases had occurred on the 18th, six only proving fatal.—P. S. Townsend, M.D., has made a sensible critical report of the disease at Romdent, N. Y., to one of the Aldermen of New York, four columns long, in the New York Evening Express—giving it as his decided opinion that the malady is the *yellow fever*. Dr. Alexander F. Vache, M.D., resident physician of the city, gives it as his opinion, on the contrary, that it is a *bilious remittent fever*. The Bay State Democrat says that great *anxiety* is manifested that a depot be established in this city for Keerl's vermifuge!

DIXON.—In Macedon, of pulmonary consumption, Dr. Allen A. Jordan, 26.—At Cooperstown, Dr. John Russell, 70.—At Mount Vernon, N. H., Dr. Zephaniah Kittredge, 86.

Number of deaths in Boston, for the week ending Sept. 2, 73.—Males, 41—Females, 32.

Of consumption, 6—disease of the heart, 2—dropsy on the brain, 5—Inflammation of the bowels, 2—marasmus, 4—Inflammatory fever, 1—bowel complaint, 9—measles, 4—fits, 3—cholera infantum, 7—drowned, 1—brain fever, 1—dysentery, 1—croup, 1—pleurisy, 1—hemorrhage, 3—teething, 1—paralytic, 1—hooping cough, 2—infantile, 3—influenza, 1—diarrhoea, 1—Inflammation of the lungs, 1—scrofula, 1—lung fever, 3—debility, 2—typhus fever, 1—canker in the bowels, 1—suffocation, 1—unknown 2.

Under 5 years, 47—between 5 and 20 years, 3—between 20 and 60 years, 21—over 60 years, 2.

Rare Pathological Circumstance Remedied by an Unique Surgical Operation.—A young lady, eighteen years of age, and of a sanguine temperament, was effected with a disease of the scalp that at first attracted no particular attention. It had first appeared (in an inflammatory shape) about her fifteenth year, but was at that period repressed by an especial attention to cleanliness. When about sixteen years of age, however, the patient began to find, that in combing her hair, the comb was impeded by a fleshy ridge extending from one side of the head to the other, and which increased daily, till she was obliged to have a part of her hair cut off, being unable to comb it. She now consulted a surgeon, who states that all the scalp above a semi-circular line on either side, stretching from the occipital protuberance round to the parieto-frontal suture, was extensively hypertrofied. As felt above the ears, the scalp was thickened and soft, and pitted readily under the pressure of the finger; and the thickening and softening augmented towards the crown, where the skin seemed to be detached from the cranium, and had a convoluted aspect, its sulci being filled with a sebaceous secretion of a nauseous quality.

M. Robert, the surgeon who reports the case, proposed the operation of partial *scalping*, to which he proceeded on the first of October in last year. The head having been for the most part shaved, he began the incision about one inch and a half above the left mastoid process, directed his bistoury upwards and forwards across the parietal eminence to the sagittal suture, and then returned to the corresponding point on the opposite side of the head. The bistoury, without being removed, was now directed round the back of the head across the occipital bone, below its superior angle to the first point of departure, and all the tegumental structure comprised between these incisions was removed. The hæmorrhage was at first extremely abundant, but soon ceased on the application of cold lotions and the formation of coagulum. The sides of the wound were approximated by a few sutures: charpie was the sole dressing employed. Twenty-four hours afterwards a violent febrile access took place, with headache, vomiting of bilious matters, fainting, &c., but vigorous bleeding was resorted to, and these symptoms gradually diminished; at the end of about a week the wound had entirely cicatrized. The mass removed was about eight inches in length, by three in breadth; in its thickest part it was seven inches thick. Hairs were but thinly scattered over it, but in no wise differed from the hairs on other parts of the scalp. At present we learn that the scalp of the patient is thicker than normally; but it everywhere adheres to the bone, and is nowhere particularly salient.—*Journal de Chirurgie*.

Sulphate of Iron for Erysipelas.—M. Velpeau employs, as a local application in erysipelas, a solution of an ounce of sulphate of iron in a pint of water; or an ointment of two drachms of the sulphate to an ounce of lard. The salt must be reduced to a most impalpable powder before being mixed with the lard; it is then to be rubbed freely over, and a little beyond, the whole inflamed surface. When the solution is employed, the skin is to be kept constantly moist. In twenty-four cases, M. Velpeau says, no one spot of inflammation resisted these means for more than two days.—*London Lancet*.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX. WEDNESDAY, SEPTEMBER 13, 1843.

No. 6.

ON EPIDEMIC INFLUENZAS, WITH PARTICULAR REFERENCE TO
THE EPIDEMIC OF 1843.

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[Communicated for the Boston Medical and Surgical Journal.]

SYNONYMS:—*Rheuma epidemicum* of Sauvages; *Catarrhus epidemicus* of Swediaur; *Catarrhus a contagio* of Cullen; *Amphimerina anginosa* of Huxam; *Febris remittens catarrhalis* of Macbride; by the French writers it is called *Folette*, *coqueluche*, *petite porte*, *coquette*, *baraquette*, *rhume epidemique*, *la grippe*, *fièvre catarrhale*; by the Italians, *Catarrho Russo*; by the Spanish, *Influenza Russa*; by the Germans, *hunerzips der huner*, *wenn blezkkarr*, *epidemischer schnupfen*, *Russische krankheit*.

This epidemic affection received its name from the *influence* which the stars were supposed to exert in its production. It is usually accompanied by catarrhal symptoms more or less severe, and with a depression of strength disproportionate to the febrile excitement or the concomitant local affections. A mere epitome of what relates to this disease is all that we can give that would be of utility or interest to the profession.

History, progress and extent.—The occurrence of this disease can probably be traced back to the days of Hippocrates, as slight notices of a catarrhal affection resembling the one under consideration were given by him and some other of the ancient authors. Since then, the epidemics which occurred in 1311, 1323, 1327, 1387, 1400, 1403, 1410, 1414, 1427, 1438, 1482 and 1505, are supposed to have been instances of the same affection.

The epidemic of 1323 prevailed throughout the whole of Italy. That of 1387 prevailed at Montpelier and Romagne, and is said to have attacked nine tenths of the population. Although what we can gather from the short notices of the above-mentioned visitations by the old authors, renders it extremely probable that they were examples of the affection under consideration; yet it was never accurately described by medical writers until 1510. According to Schenck it was then regarded as a new disease. The epidemic of that year, proceeding from Malta to Sicily, Spain, Italy, France and Britain, raged all over Europe, and scarcely an individual escaped. The epidemic which prevailed in the autumn of 1557 took a westerly course from Asia by Constantinople to Europe, and afterwards visited America. It prevailed in Europe extensively in 1580,

and the course of the affection was from east and south to west and north. The epidemic raged at Sicily in June, at Rome in July, proceeded by Venice and Constantinople to Hungary and Germany, and thence to Denmark, Norway, Sweden and Russia, where it prevailed in December. In April, 1568, it prevailed in England chiefly. In 1590 and 1591, an epidemic similar to that of 1580, prevailed in Europe. It prevailed in 1663, and 60,000 persons are said to have been attacked in the Venetian States in one week. A similar disease prevailed in Holland in 1669. In 1675, Germany was visited in September, and England in October, by a similar affection. In 1729 and 1730 the influenza prevailed throughout all Europe, visiting every part of it in the course of five months, and attacked 50,000 persons at Milan, 60,000 at Rome, and the same number at Vienna. It was very fatal in Paris and London—destroying in the latter city 1000 a week. Switzerland suffered little, Italy and Spain very considerably. This catarrhal affection prevailed from 1732 to 1737. In 1732 it overran Europe and visited America. From New England it spread southward to Mexico, Jamaica and Peru. Catarrhal fever was prevalent in several countries in 1741 and 2. In 1743 it prevailed generally in Europe, under the name of “La Grippe,” a term which, Thompson suggests, was probably derived from the Polish word *chrypka*—hoarseness; but according to Dr. Forry it was derived from *gripper*, “to gripe,” “to catch hold of,” being the vulgar French appellation. In the spring of 1762 the epidemic became generally prevalent—having, however, appeared the previous year in America. It swept away one third of the inhabitants of Toulon, extended northward to Breslau, Vienna and Hamburg, and in a month passed from London to Edinburgh. It prevailed among the sailors of the Mediterranean in July. The influenza prevailed in Britain and on the Continent in the fall of 1775. The epidemic which was prevalent in England in the spring of 1782 appears to have arrived from the East. In September, 1780, the crew of the *Atlas*, an East Indiaman, suffered from the influenza on their course from Malacca to Canton. No instance of the disease had occurred at the former place, but on arriving at Canton they found that it raged there, associated with bilious complaints. In October, 1781, it prevailed in Bengal, on the Coromandel coast, with complications similar to those which attended it at Canton. In November, 1781, it attacked the army besieging Nagapatam; it prevailed at Astrachan, Tobolki and Moscow, in December; at St. Petersburg in January, 1782; at Strasbourg in February, spreading through Denmark and Holland in March; it arrived in England at the end of April. This epidemic attacked three fourths of the population. It was observed to visit cities before villages, and villages sooner than detached houses. It took five weeks to pass from Edinburgh to Musselburgh, which lies five miles to the south-east. At St. Petersburg 40,000 persons are said to have been attacked in one day. In 1803 the influenza prevailed very extensively, and advanced in a northerly direction. In France it was followed by ophthalmia, and in America by dysentery. In England the disease prevailed among horses, cows, sheep, swine, dogs and cats. In September, 1830, the disease

appeared at Manilla, and reached Britain in the spring of 1831. This epidemic was widely diffused, prevailing both on the eastern Continent and in America. In many parts it preceded the epidemic cholera. In 1833 the cholera was followed on the eastern Continent by influenza. In 1836 and 7 this affection prevailed in various parts of the world—at Sidney and the Cape of Good Hope, and on the shores of the Baltic. Half the population were attacked in London, Hamburg and Copenhagen.

We have now traced the visitations of this epidemic down to the present year, and we might go on to state their peculiarities, but will not burden this paper with a detail of them. Dr. Theophilus Thompson, of London, thinks we may deduce from the history of the influenza, that it has occurred on an average once in ten years.

We come now to speak particularly of the *present epidemic*. Its incursion was sudden, its extension rapid, and its range wide. An Albany paper states that it commenced in the northern part of this State, but we think, that from the rapidity of its extension, it would be difficult to designate the very place of its outbreak. The first notice which we find of it is in the Albany Atlas of June 8th. It says:—"There *seems to be* something like an influenza prevalent—among the subjects of which are a large portion of the printers connected with the different offices in this city." We are not able to designate the time precisely at which it commenced in New York city, but it is said to have commenced on the 12th of June, the day on which the President arrived there on his way to the Bunker Hill celebration, and was hence facetiously termed the "Tyler grippe" or "grip." We presume, however, that it might have commenced two or three days earlier, without exciting the suspicion of its being epidemic. About the 14th or 15th it was stated that 60 of the crew of the North Carolina were confined in the hospital from the effects of this disease. On the morning of the 17th of June, the packet ship Liberty arrived from Liverpool with 275 passengers, most of whom, with the captain, were down with the influenza, which attacked them at sea about a week previous to their arrival. This is equal to the case of the East Indiaman spoken of above. One of the New York papers of June 14th says:—"The prevailing epidemic attacks all ages and constitutions. The symptoms are great prostration of strength, sore throat and bad cough. It is very obstinate, and requires prompt and rigid treatment to drive it away." We have not been able to learn the time of its appearance at Boston, but it is said to have been extensively prevalent among those who were on their return from the Bunker Hill celebration of the 17th. Of some hundreds of emigrants who arrived at New York the last of June, not one escaped while lying in quarantine. We think that Philadelphia was invaded by the epidemic later than New York. From the 20th to the 25th thousands were said to have been down with it in that city.

The influenza commenced in this city on the 9th of June. On the 9th and 10th several cases occurred, and from the similarity and character of the symptoms there was a remote suspicion in the minds of some

that it was epidemic. A gentleman connected with one of the daily papers informs us that he was attacked on the 11th, and that the febrile and cerebral symptoms were of a very severe character, especially at the onset of the attack, and that fainting occurred repeatedly on attempting to maintain the erect posture. These symptoms were accompanied or immediately followed by inflammation of the larynx and bronchi, and soreness extending down the anterior walls of the chest. A very large proportion of the inhabitants of this city have suffered from the epidemic, but in a great majority of cases it has required only the mildest remedies, or none at all. It prevailed extensively in Buffalo, commencing soon after its appearance in this city. In Pittsburgh, Pa., whole printing establishments and iron manufactories suspended operations for its entertainment. Few houses escaped the calls of this unwelcome visitor. It made its appearance at Milwaukee about the 9th of June—quite as early as in this city. From late accounts we learn that it has reached St. Louis, touching Cincinnati and Louisville on its way, and not only touching them but taking them by the very throat. It has sent a detachment south to Baltimore, Washington and Charleston, and most fearlessly has it meddled with the noses and throats of the “chivalrous.” One of the New Orleans papers of the 18th of July says, that two thirds of the inhabitants of that city were suffering from the influenza.

At Quebec the journals speak of its prevalence to an “alarming extent.” It has also visited New Brunswick. Late accounts give information of its existence in London and Glasgow.

Causes of the Influenza.—As to the origin of these epidemics there are various theories, many of which are plausible, and others vague and untenable. Some attribute the influenza wholly to the *atmospheric vicissitudes of temperature and humidity, and the prevalence of particular winds*. This theory has many supporters, and it is not strange that it should have, since such vicissitudes have been so very frequently observed to prevail previous to or during the existence of the epidemics. Thick offensive fogs have been spoken of as a cause; easterly winds have been invoked, and sudden changes of temperature have come in for a share of the productive causes. But that these meteorological conditions fail to explain the causes of the influenza, is evident from the fact that it has occurred during every possible variety of atmospheric phenomena—in all seasons, in every climate, and in the midst of the ocean, as well as in the interior of continents. Just previous to the incursion of the present epidemic, the weather changed from a mild May air to a very low temperature. On the morning of the 1st of June there was a slight fall of snow in this city, and the ladies were observed in the streets in the afternoon with their hands ensconced in muffs, as though it had been a December day. The thermometer at sunrise was down to 36 deg. This was followed by cold, damp weather, accompanied by dense fogs, for several days. On the 9th, the day on which the influenza was first observed here, the thermometer rose to 84 deg.—the mean for the day being about 73 deg. At the acme of the influenza in this city, the temperature of the atmosphere for several days ranged

from 86 to 96 deg. We must regard these vicissitudes as mere coincidents and not causes of the epidemic. The *electric theory* has been invoked, but the experiments of Volta himself "failed to detect any electrical changes in the atmosphere of the affected places." It has also been called *contagious*; but we must regard this as the least tenable theory yet advanced. The suddenness with which it appears over vast extents of country—attacking in some instances "whole kingdoms at once"—clearly indicates its non-contagious character.

The last theory in relation to the causes to which we would refer, is the one which attributes the disease to the diffusion of a certain *malaria*, or *materies morbi*, through the air. The existence of this malaria has never been demonstrated by the nicest experiments of the chemist; yet reasoning from analogy, we may conclude that such *materies morbi* do exist, for, although we have abundant reason for believing in the existence of a *miasm* which is the prolific source of intermittent fever, yet this miasm has never been detected by the most careful operations in analytical chemistry. Without entering into the discussion of the various speculations under this head, we would say that we are fully inclined to the opinion that the epidemic is caused by some peculiar virus or noxious matter diffused through the atmosphere. As we before observed, this has never been detected by the nicest chemical manipulations; but this does not detract from the probability of its existence, for the reasons assigned above. One of the strongest considerations we have for referring the origin to malaria, is the *striking identity of these epidemics* at the different periods of their visitation, and in different countries. No one can fail to notice the great similarity of the symptoms of the influenza of 1836 and 7, and that of the present epidemic. Indeed the identity of the two is settled beyond a doubt. So also with the epidemics of 1675, 1762, 1733, 1743, and 1833. It is clear that this identity cannot be explained by a reference to atmospheric vicissitudes, however great they may have been; but that these changes in the weather may have had a modifying influence upon the disease, we are not disposed to deny. Dr. Forry, in his excellent article on epidemic influenza, after defending the position which he takes—that the influenza depends upon some peculiar virus, a *materies morbi*—says: "Upon the whole, it is most probable that the atmosphere is the medium in diffusing the virus, and that modifications result not only from changes in this medium, but from the endemic influences of particular localities."

Symptoms.—Of the peculiarities of the various epidemics we need not speak. The symptoms of the present epidemic bear the same general characteristics of those which have preceded it. It is generally introduced by a slight chill, sometimes followed by rigors. There is great lassitude and depression of strength, pain in the head, back and lower extremities. The pain in the head is at first very severe, attended by a determination of the circulation to the brain, coryza and an acrid discharge from the nose. This is generally followed by inflammation of the fauces and larynx, attended with a severe cough and soreness, extending down the anterior walls of the chest, with a sense of constrict-

tion of the chest. In some cases the cerebral symptoms have been of a very severe character, amounting in some instances to actual inflammation. Inordinate depression of strength and vertigo, have been very prominent symptoms in this epidemic. In many instances the disease has assumed the form of pleuritis, and sometimes that of pneumonia. The complications of this affection have varied with the predispositions of the individual attacked, as well as with the endemic influences of the locality. In some, tonsillitis is the complication, while others are affected with bronchial mucous inflammation, attended with difficult and oppressed breathing. In very many instances, especially in children, the lining membrane of the stomach and bowels was affected, as manifested by diarrhœa and mucous discharges. In many cases the inflammation of the schneiderian membrane commenced and progressed as the inflammation and soreness of the throat subsided. The duration of the attack is usually from one to seven or ten days, but in some instances continuing much longer. In our own case, it terminated on the evening of the first day by profuse perspiration, without any medical treatment.

Prognosis.—The mortality of the influenza has varied with each occurrence of the epidemic. It is said that during the influenza of 1580, 9000 died of the disease at Rome, which, according to Wierus, was in consequence of bleeding. The epidemic of 1729 and 30 was very fatal at Paris and London—destroying in the latter city a thousand a week. But notwithstanding these records of mortality, it is true that *uncomplicated* influenza rarely destroys life. According to Ozanam, who made a calculation of the mortality of all the recorded instances of epidemic catarrh, the deaths, as far as could be ascertained, were about two per cent. of the number attacked. Dr. Forry thinks that the mortality in the city of New York is much greater than two per cent., and that a thousand shall, in the course of six or twelve months, be numbered among the victims of the present epidemic; and he fully establishes this view by a digest of the weekly reports of interments in the city and county of New York. He says that “in those who have died of the malady, anatomical examinations generally reveal some associated disease—for example, the chief victims have always been found among the aged and asthmatic, those susceptible to disease of the lungs and of full oppressed habits.”

From a careful digest which we have made of the “Reports of Interments” in this city, during the months of June and July, for the last six years, we arrive at the conclusion that the bills of mortality have been greatly increased during those two months of this year, by the influenza, complicated though it may be. The average number of interments in the month of June for six years past (including 1843) is 32; while the number interred this year was 46. The average number of interments in the month of July for the same period, is 38; while the number interred this year was 58, which was greater by sixteen than the highest number for any month of July for the last five years. The number of deaths reported from influenza in June was only two, and the same number in July; but please notice the great increase of deaths from “summer complaints” and inflammation of the bowels in July. For

the last five years the average number of deaths in the month of July from summer complaints (so termed in the Reports), was two, and the number from inflammation of the bowels, three. The number of deaths from "summer complaints" in July, 1843, was 12; and the number from inflammation of the bowels, 5. The number of deaths in June, from inflammation of the bowels, was 7—which was a larger number than ordinary for that month. On the decline of the influenza in this city, large numbers of children were affected with diarrhœa of a very prostrating character, and at one time it threatened a great destruction of that class of patients. The diarrhœa in many, if not most cases, supervened on the ordinary symptoms of the influenza.

The *pathological appearances* exhibited in those who have died of influenza are chiefly as follows:—the mucous membrane of the larynx and bronchi is of a deep-red color, flakes of lymph are sometimes observed on the cordæ vocales and in the ventricles, the trachea is found injected and covered with a glossy-looking mucus, the lungs are surcharged with a sero-mucous looking fluid, the lower portions being engorged and sometimes consolidated.

Treatment.—Although there has been an apparent discrepancy in the views of the profession, at different periods, in regard to the treatment of influenza, yet it is clearly owing to the variation of the symptoms which constitute the peculiarities of the different epidemics. In the ordinary manifestations of the disease, little else is necessary than to regulate the diet. Indeed, hundreds of thousands are cured by the recuperative efforts of nature alone, and in very many instances homœopathy and animal magnetism have had the credit of it. Shades of Hippocrates! What! the influenza cured by infinitesimal doses of the shade of a shadow! And three sweeps of a magician's wand, and as many repetitions of the incantations of the juggler, put to flight all the pain, and dyspnœa, and cough, and coryza, and aching bones and bursting heads, which this "raging epidemic" would compel us to bear! Yes, so say the worshippers of Hahnemann and Mesmer.

When it becomes necessary to employ remedies, it is generally sufficient to administer some active saline cathartic. Thompson strongly recommends at the onset of the disease a dose of calomel, combined with comp. ext. of colocynth, followed by a saline purgative. If it is found necessary to repeat the cathartics, those of the mildest kind should be selected, for the frequent exhibition of purgatives tends to increase the irritability of the intestines and dangerously depress the vital energies. With regard to the propriety of bloodletting, there is a variety of opinions. Ozanam says, that of 52 epidemic catarrhs which have prevailed in Europe, bleeding was found useful in 39, hurtful in 10, and useless in 3. In determining the question of bloodletting, we are to be guided by the state of the pulse; but still, we must be aware of the fact that inflammations in this disease are to be treated less actively than in sporadic cases. We have seen cases, however, complicated with pneumonia and pleuritis, in which prompt bloodletting was productive of signal relief. Both Dr. Thompson and Dr. Forry speak disparagingly of the use of opium,

at least in the onset of the disease—affirming that it increases the febrile irritation, aggravates the pain in the head and checks expectoration ; but we must be allowed to express our opinion that when opium has such effects, it has not been administered in proper doses. They describe *the effects of a small dose* in inflammatory affections, but *not the effects of a large dose*. *It must be given in sedative doses, be they more or less*. Of the management of the various complications of influenza, I need not speak ; suffice it to say, however, that they are to be treated on general principles.

Sequelæ.—Thompson remarks that there is reason to believe that a modified condition of the atmosphere may remain for years after the prevalence of the epidemic, and occasion a liability to affections of a similar character, to which the term *influenzoid* might be applied. But we think it much more reasonable to suppose that this liability to bronchial affections is a sequelæ of the original attack, rather than that there exists an “influenzoid” atmosphere. The structures upon which the epidemic spent its force, are for years in some subjects susceptible of derangement, and hence we have as sequelæ, chronic bronchitis, asthma, rheumatism, neuralgia and intestinal irritation. There is abundant evidence that phthisis is often called into activity in those of a tubercular diathesis ; and hence we may infer that for several years to come, the mortality from that disease will be greater than for a few years past. Endocarditis and pericarditis have also been observed as sequelæ. Obstinate dyspepsia, and other functional disorders of the digestive system, are among the consequences of the epidemic.

Rochester, N. Y., Aug., 1843.

SYMPATHY—METASTASIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The literal meaning of sympathy, is the suffering or affection of two separate parts of the body at the same time. The term sympathy is derived from a Greek word signifying *to suffer together*. The ancients, who were given more to observation than to theory, probably intended no more by the term than its literal meaning imports. But, alas ! how many conjectural principles in science and medicine, have been the mere spawns of old Latin and Greek words. We have deified these old languages, and peopled them with a race of mental images to which Hippocrates and Galen were total strangers.

The principle termed sympathy is not true ; it is not founded on facts. It is founded upon loose and careless observations. Mysterious affinities have been supposed to subsist between different parts of the body ; between the uterus and breasts in females ; and between the throat and testicles in males ; between the stomach and brain, the brain and the liver, the kidneys and the stomach, &c. These affinities, which amount in fact to independent beings, little deities, are supposed by many medical writers to be almost innumerable.

The known anatomical and physical media through which the entire system or any two or more of its parts may be affected, at the same time, are the following:—1. The sanguiferous system, which extends through the whole and every part of the human body. 2. The nervous system. 3. The digestive system, including the lacteal and lymphatic system. 4. The respiratory system, which gives vitality to the blood. 5. The power, wherever situated, which causes, increases, and depresses the animal heat. Through all or any one of these media, those phenomena attributed to the operation of sympathy may be produced; but chiefly, I imagine, through the media of the arterial system and the power which originates the heat of the body.

The most striking illustration of the principle of sympathy, is in the fancied relation subsisting between the testicles and the muscles of the voice at the age of puberty. But this coincident is easily explained without resorting to occult principles. The voice of boys at the age of puberty is observed to become hoarse, loud and untuneful. At this age there is a remarkable development of the whole system; every muscle, tissue and organ in the body, increases rapidly in size and in strength. The muscles of the voice become developed in common with every other part of the system, and of course in the office of speech, which they perform, a greater degree of strength and expansion of sound takes place. The development both of the testicles and the organs of speech, is the effect of a common cause, viz., the growth of these parts in common with every other part of the system. The development of the testicles and of the voice do not always coincide in point of time; sometimes the change in the voice will precede, by many months, the perfection of the male organs of generation, and the reverse. The development of the liver, or the lungs, at the age of puberty, is just as likely to occasion a change of the voice as the development of the organs of generation. Why not say that the change of the voice causes the development of the testicles?

Another link in the mysterious chain of sympathy, is supposed to subsist between the uterus and the breasts. They both grow at the same time! Sure enough; and what part of the young female does not grow, and most rapidly too, at the age of puberty? These parts experience a development in common with the muscles and the organs of the whole system, and one of these parts is no more the cause of the perfectibility of the other, than the growth of a muscle in the leg is the cause of the growth of a muscle in the arm.

Sympathy is again called into play to explain the connection supposed to subsist between the breasts and the uterus in the process of conception, gestation, and birth of the child. But what part of the system, I ask again, is not affected by the conception and birth of a child? Every part, during a healthy gestation, is enlarged; the heat of the body is raised, and the blood circulates with more force. The new impetus given to the blood and the increase of heat are the very causes one would be most likely to assign for a consummation of the office of the breasts. A greater heat and a fuller supply of blood, would form a fitter nidus

for the perfection of any of the organs. The simple increase of heat would alone account for the full development of the breasts and the secretion of the milk. The secretion of the milk will continue for two and three years after the birth of the child and the return of the uterus to its natural state. Do the breasts still continue to sympathize with the uterus? In the meantime, another child will be conceived; what becomes of sympathy in this case? The stimulation of the arteries of the uterus causes a stimulation of the whole arterial system, and consequently of all the other organs and parts of the body. The stomach is affected with sickness, the head with dizziness, and the whole system with a greater degree of heat; each part manifests its affection in its own peculiar way.

This principle of sympathy does not work both ways. I have seen the most severe local affections of the breasts without the slightest particle of friendly participation on the part of the uterus. In cancerous affections of the breasts, the uterus does not appear to be affected any more than the other parts of the body. And in inflammations of the breasts, the uterus is no more affected than any other of the organs. On the other hand, the uterus is often affected with leucorrhœa, menorrhagia, cancer and hydatids, without the slightest corresponding affection of the breasts. The breasts appear to stand solitary and alone, excepting on a few special occasions; and the principle of sympathy evidently dodges its duty at its own pleasure.

The venereal disease and the mumps are supposed to furnish an illustration of the principle of sympathy. In the mumps the parotid glands are inflamed, swelled and painful, and the whole system is affected as with a common cold. The testicles sometimes, not always, become swelled and sore to the touch. In this case, two distant parts become apparently more affected than the other parts of the system. In the measles, the skin and the lungs are the two parts most affected; and in a common cold, the glands in the groins called kernels, and the schneiderian membrane, will often be inflamed together. Are these parts affected from sympathy? At the age of puberty, the testicles and the larynx, or the organ of the voice, are the two grand points of sympathy; but in the mumps, the sympathy is between the testicles and the parotid glands. In the venereal disease the points of sympathy are still more changed. Instead of being between the testicles and the organs of the voice, or the parotid glands, it is between the glans penis and pharynx, or posterior nares and uvula. The true history of the thing, appears to be this. In the venereal disease, the infection commonly begins on the glans penis, and in time, often very distant, when all disease has disappeared from the part originally affected, the pharynx, not the organ of the voice, will become ulcerated, and the ulceration will extend to the uvula and to the nose. After the infection has penetrated the whole system, for it often shows itself in the skin before it appears in the throat, these parts not being protected by a thick integument, and consequently more exposed to exciting causes of various kinds, manifest the infection more readily than the other parts of the system. That the infection is a general one, every

physician knows ; and that it should operate more severely in one part than in another, is nothing strange. No disease operates equally over the whole system ; and consequently must manifest itself earlier and more visibly in some parts than in others.

The mumps in females, manifest themselves in the parotid glands and in the breasts, and not in the organs of generation as in males. But in no other instance are the breasts ever known to affect the parotid glands, or the parotid glands to affect the breasts. In the venereal disease, there is the same manifestation of sympathy between the pharynx and organs of generation in females as in males, but nothing of the kind takes place in the mumps. The truth is, that, in cynanche parotideae, as in the measles, and common colds, different parts are affected by the same cause.

By many medical writers the stomach is supposed to sympathize with every other part of the body, and every other part of the body with the stomach. The stomach has a connection with every part of the system by means of the arterial system. Or, in other words, the stomach is situated at the extremity of one of the branches of the arterial system, and whatever affects this branch of the system, affects the entire arterial system in the same way. If this branch is stimulated, the whole arterial system is stimulated ; if this is weakened, the whole is weakened ; if this is contracted, the whole is contracted ; or if this is expanded, the whole is expanded. The stomach is also connected with the system in general through the medium of the nerves and by its digestive function. But there is no evidence that the stomach holds any special communion with other parts in consequence of its connection to them by the nervous system. Indeed, I believe the stomach to influence the other organs much less through the medium of the nerves than through that of the arterial system, or of its digestive function.

Metastasis must be the subject of another essay.

D. B. SLACK.

Providence, Aug. 28th, 1843.

NECROSIS OF THE SKULL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I take the liberty to communicate the following case of necrosis of the skull, which I have recently had under treatment. Perhaps you may think it worthy a place in your Journal.

On the 13th of February last I was called to examine a female patient, aged about 45, laboring under extensive disease (necrosis) of the skull, of long standing. Her short history of the case was as follows :—About twenty-five years since she received an injury upon the left side of the head, from the falling of a stone from a building, which produced, as was then supposed, a slight fracture of the outer table, with severe concussion, rendering her insensible most of the time, for ten days. She recovered, however, under ordinary treatment without an operation, so far as to be able to go about her usual business. From that to the time of

my first visit, has had at intervals, partial derangement of the mental faculties, confusion and want of consciousness of time and place; continuing sometimes for a few days, but remembering with accuracy all that happened up to these periods, and afterwards. Partial paralysis of the superior extremities of the side affected, and general wasting of the muscles and integuments. Small ulcers occasionally opening at different points in the scalp, discharging more or less sanious matter, which always relieved the confusion of ideas at the time. These openings would again close and remain so, sometimes from one to three years. About five years ago, as she says, "she was exposed to severe cold and froze the top of her head." Immediately after which, two large openings appeared, the size of a quarter of a dollar, one directly over, and within an inch of the left superciliary arch; the other an inch above the middle portion of the lambdoidal suture. From these ulcers a profuse discharge has constantly kept up for the last three years. On examination I found a small spicula of dead bone pointing at each of these ulcers. Seizing the two points with strong forceps, the whole left side of the skull seemed to be slightly moveable.

The constitution of the patient had become so enfeebled by the long-continued exhausting discharges, and her situation and circumstances not very conducive to recovery, I deemed any operation, at this late period, hardly warrantable. However, as the patient and her friends were not only willing, but very anxious that something should be done, I resolved to undertake the removal of the dead bone, as the only remaining chance for her safety—as the system was fast sinking—and even this afforded but little encouragement, for it was impossible to foretell the nature and extent of the operation required, by an external examination. The inference was, that the powers of life must soon yield, and that any operation, however hazardous, would not materially hasten that period. This was the sensible reasoning of the patient.

The patient having already prepared herself, was placed on a seat, with the head inclined towards the *only window in the house*, and well supported by an assistant; I proceeded to divide the scalp, carrying the scalpel from one opening to the other, a distance of about seven inches, half an inch to the left of the median line, or sagittal suture. This at once exposed the whole extent of the bone, it being denuded mostly of its pericranium. After securing two or three branches of the occipital and temporal arteries, as they were much enlarged, the scalp was thown off each way from the incision. On the left side the dissection was carried to within an inch of the squamous suture, before the outline of the disease could be determined in that direction. The left parietal bone was loose, and easily separated from its fellow, at the sagittal suture, so that the elevator could be introduced without the use of the trephine. Here a difficulty occurred in raising the dead bone, as it embraced all of the parietal, anterior to the parietal foramen, and more than half the left os frontis, so interlocked with spicula of new bone, that to throw out so large a piece, with its ragged edges, the elevator under one side only, would probably endanger the brain. I next proceeded to divide the dead portion with the cock's-

comb saw, near the line of the coronal suture, then by means of two or three elevators, raised and removed the frontal portion first, a partial line of demarcation having taken place. Here the saw also became necessary, as many points of new bone were found shooting and interlocking into the dead portion, requiring to be separated before it would yield to prudent force; then raising the sagittal edge of the parietal over its fellow, I drew it forcibly from its connection with the os temporum, at the squamous suture. This at once exposed the entire superior surface of the cerebrum of the left side, covered at some points with pus and sanious matter, presenting the appearance at first view of one general diseased mass. The dura mater was wanting, as was also the pericranium—the disease having extended from the external to the internal surface, and throughout its whole extent.

Here many points of deep interest attracted our attention. On clearing away the matter, the brain, with its pia mater in perfect order, was seen packed away, as if intelligently avoiding injury, occupying the lower part of the cavity, leaving a space above between it and the bone, of an inch and a half, or more, and by its violent pulsations gave abundant evidence that it was still striving to perform its functions. The longitudinal sinus was seen enclosed in its fold of the dura mater, having been detached by the ulcerative process from the dead bone, but adhering firmly to the healthy side. I do not mean to be understood that the whole of the parietal bone was removed. A line drawn from the parietal foramen to the highest point of the squamous portion of the temporal bone, would be about the line of demarcation. Thus avoiding most wisely, the principal branches of the great meningeal artery—leaving, of course, the temporal and occipital angle of the bone sound. The patient was calm and collected during the whole operation, which occupied nearly half an hour, answering questions intelligently, except for a moment when the brain was first exposed; and when attempts were made to clear the surface, she seemed drowsy, complained of deafness, and inclined to faint, but soon roused by the use of diffusible stimulants and wine.

The wound was cleansed, scalp replaced, and secured by sutures and straps, and the patient put to bed—feeling, as she expressed herself, much better than she had done for years before. Previous to the operation for a long time, she had been afflicted at times with extreme pain down the left side of the neck, extending to the left lung and stomach, occasionally cramp of the left arm and muscles of the neck, twitching of the left eye, &c. All these difficulties ceased the same day of the operation, and have not returned up to this time. The patient was immediately put upon a liberal nutritious diet of animal food and porter, and every attention paid to her comfort. No unusual degree of inflammation arose. The scalp healed kindly by the first intention, osseous matter soon began to be deposited, and up to this time (six months since the operation) has continued to do well. Bony arches are shooting over at many points, which, with a slight approximation of the sides of the opening, is fast forming a substantial covering. A small opening was left for a few weeks, at the anterior extremity for the exit of matter, through which the brain

could be seen gradually expanding, and apparently resuming its functions. The patient walks and rides, is cheerful and intelligent, and bids fair to repair the breach yet to a very considerable extent.

Perhaps it may not be unworthy of remark, that the facts in this case, go to establish a physiological *fact* of vast practical importance, that the human system, physically and mentally, is made up of two distinct halves or parts, that their functions are not necessarily connected, but may, and do, go on independently. I say of vast importance, in a practical point of view, because it teaches us that lesions of structures, and even a total loss of portions of the most important organs, do *not* stop the machinery, or necessarily prove fatal to the animal. Hence we might often be induced to resort to remedial measures, and as often be astonished at our success, in many cases that are now abandoned to their fate, through the timidity of the practitioner, to act with boldness and decision. As in the foregoing case, one half of the cerebrum was packed away, its healthy functions suspended, and therefore useless, if not destroyed, as was evinced in the corresponding deviations from healthy action in remote parts depending upon it for their sensations and motions, if not for their vitality. Yet the nutritive, respiratory, digestive, and all other functions, the senses, &c., were carried on, as it appeared, for years with sufficient force and regularity, for all ordinary purposes. The other animal, or the other half, must have been in a comparatively normal condition, to have sustained all these functions alone, so perfectly, and no direct connection, nervous or otherwise, could have existed between the parts diseased, and the corresponding healthy parts. This case may also serve to establish the notion of the insensibility of the upper surface of the brain; at all events experiments of this sort, upon the living organ itself, is the only way to arrive at any conclusion on this point. In this case the effects upon the nervous system did not seem to arise from irritation and disease of the surface of the brain, but from pressure by the pent up matter, and thickening of parts. The brain was handled, sponged, and thoroughly cleansed, without any evidences of pain in the part, or extremities—the patient only appearing a little dull, from pressure of the sponge. Besides, all the unpleasant symptoms, before mentioned, as indicating disturbance of the nervous system, subsided immediately on removing all pressure, leaving no traces of irritation or inflammation. I forbear any further comments.

I am, dear sir, very respectfully your ob't servant,

Detroit, Mich., 1st Sept., 1843.

O. HILL, M.D.

P. S.—This case occurred in Niagara county, N. Y., near the Falls, where I was then residing.

O. H.

CREOSOTE.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN I noticed, some two or three months since, the fact, announced by a common newspaper editor, that a young physician in Hartford had

died in consequence of the application of creosote to his teeth, I regretted it extremely. But I felt not only regret but surprise to see it copied, without remarks, into your weekly. Having since learned of your absence to the West, I conclude this was an oversight of some deputy, and if so, will you allow me to express my earnest hope that the faculty will not be defrauded of this excellent medicine by the error of a political journalist. I cannot bear to have it driven from popular use because a gentleman may have died *while using creosote in his tooth*. I know nothing of the fact in Hartford; but how improbable that an intelligent young physician should poison himself with *any medicine*. But suppose he has done it; opium has done the same as creosote, and nobody is afraid of opium. In irritable fauces, tonsils and pharynx; in aphonia and minister's throat ail; in short, in all cases of passive inflammation of the lungs, fauces and œsophagus, the value of creosote is not at all known. Just as the unlucky paragraph from Hartford had gone, broadcast, throughout the country in the various journals, I was one day examining a clergyman, from Vermont, who had been laid up many years from labor by dyspepsia and minister's throat ail, when he mentioned he had been under Dr. Twitchell's care, of Keene. Among other things Dr. T. had given him creosote, increasing gradually to five drops, on sugar, with rain water added, three times daily. This dose he took, I understood him, a week, with great benefit to his fauces, throat, &c. He then omitted it because some tubercles on his tonsils and root of tongue had disappeared.

In cases of great morbid internal heat with neuralgia and soft pulse, I have given two drops made into a pill with gum Arabic, three times a day in many instances. I have never known any injury.

Will not others, Mr. Editor, come forward with the doses and effects of this article, under their own observation, and thus co-operate in placing it at once on its proper basis?

Saratoga Springs, Aug. 22, 1843.

Yours truly,

M. L. NORTH.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER 13, 1843.

Cure of Strabismus.—Some men never injure themselves by being ridicul'd us. It is not every one, however, who can with impunity speak of his own acquirements, accomplishments or success, without the hazard, at least, of being called an egotist, a simpleton or a lunatic. A pamphlet has been received containing the names of "*upwards of nine hundred persons operated on for the cure of strabismus or squinting, by T. J. Crossman, M.D., with introductory remarks, notices of the public press, and correspondence of patients.*" Well may the doctor exclaim, eyes right, after having pocketed, as acknowledged on the 9th page, \$45,000! There are not many surgeons in the United States who have accumulated so large

a sum by a long life of industry, backed by a reputation for being skilful, learned, and uncommonly adroit with instruments. Here is a young man, whose name rarely, if ever, appears in places where we are accustomed to find a catalogue of distinguished benefactors of the human race, who has secured a larger fortune within two or three years, according to his own account, by the practice of a trivial operation, than some of the most distinguished surgeons on the Continent acquire in half a century. Merit does not find its reward in some of the professions in these perverse times, that is certain. And it is equally well understood that the person who puts the customs of modest men at defiance, by boldly heralding his own claims and pretensions, meets with a multitude of admirers of corresponding calibre. But after all, such an one is an empiric, flitting in the sunshine of unsubstantial renown.

Officers of the Medical Society of New Hampshire.—On the 5th and 6th of June, 1843, the Fellows of the New Hampshire Medical Society celebrated their fifty-second anniversary. The meeting was fully attended and conducted with much spirit and good feeling. For some reason not yet made known by them, the orators failed to discharge their duty. Dr. A. O. Dicky, of Lyme, gave a very interesting account of epidemic erysipelas, as it appeared in the Valley of the Connecticut during the past winter, which elicited some very profitable discussion. Dr. James Batchelder, of Marlborough, read a memoir of Dr. Luke Howe, late president of the Society. By a vote of the Society a copy was requested for publication, but on account of the modesty of the writer, or his doubts as to expediency, it has not yet appeared. It is hoped, however, the writer will yet alter his intentions. The following is a list of officers for the year :

Dr. James Batchelder, of Marlborough, *President*.

Josiah Bartlett, of Stratham, *Vice President*.

Charles P. Gage, of Concord, *Secretary*.

R. P. I. Tenney, of Loudon, *Treasurer*.

Counsellors.—Hanover Dickey, Jr., Epsom; Ezra Carter, Concord; Joseph A. Smith, Dover; James, Farrington, Rochester; Silas Cummings, Fitzwilliam; Isaac Colby, Keene; Edmond R. Peaslee, Hanover; A. O. Dickey, Lyme; Silas Walker, Bedford; Z. Colburn, Manchester; J. C. Eastman, Hampstead; William Brown, Chester; Peter P. Woodbury, Bedford; O. Scripture, Hollis.

Committee of Correspondence.—J. Bartlett, Stratham; L. M. Knight, Thornton; J. H. Morse, Manchester; F. P. Fitch, Amherst; J. Batchelder, Marlborough; S. Drew, Milton; D. Crosby, Hanover.

Delegates to Dartmouth Medical Institution.—J. C. Eastman, Hampstead; Moses T. Willard, Concord.

Orators for 1844.—D. Flanders, Londonderry; Harrison Eaton, Merrimack. Substitutes, E. R. Peaslee, Hanover; A. Carr, Goffstown.

Willard Parker, of New York city, was elected honorary member of the Society.

Charles Wells, Manchester; Thomas H. Cochran, New Ipswich; John Heard, Milford; Oliver Scripture, Hollis; Charles T. Berry, Pittsfield, and Otis French, Gilmanton, were elected Fellows.

Mental Hygiene.—Having never seen a copy of the work by Dr. Sweetser, our correspondent cannot indulge the belief that there is any design in withholding the meed of praise that is due the author. It is a rule of this office to give appropriate notices of all books sent to the Journal—and then offer a further civility, by lending them to medical gentlemen for examination, whenever requested. In this way it is presumed that effectual aid is given both to the writer and publisher.

Knowing the value of former productions by Dr. Sweetser, it is taken for granted that his experience and observation must have made him, by this time, not only an elegant, but an instructive author. Should the volume referred to ever fall within our editorial ken, it shall in no wise be neglected.

Contagiousness of Plague.—Under date of June 25th, a letter was written at Cairo, in Egypt, which has already been published in this country; but that circumstance will not exclude it from the Journal. Unfortunately, the name of the writer has been omitted in the copy before us. He conveys an important piece of sanitary intelligence, and will therefore be read extensively by physicians. If the simple application of heat will disinfect and keep at bay one of the most terrific diseases in the catalogue of human woes, it is no longer to be dreaded, nor its future influence tolerated. We are impressed with the opinion, however, that if this wonderful disinfecting agent, heat, is as sovereign as represented, it is marvelously strange that it has never before been discovered—since fire has been known in Egypt before the year 1843.

“Some very important results have been obtained by the commissioners who have been sent by the Russian government to this country, in order to make experiments as to the contagion of plague, and the means of arresting the propagation of the *virus*. One most satisfactory conclusion has been already come to, and if nothing more be done, that conclusion must lead to the early modification and final overthrow of the whole quarantine system as at present constituted; for the commission have come to the unanimous opinion *that articles of any sort, after having been subjected to a temperature of from 50 deg. to 60 deg. of Reaumur's, cannot communicate the plague.*

The commissioners collected a large quantity of garments, of sundry tissues, and of susceptible raw materials, which were thoroughly impregnated with the supposed virus of the plague. These were placed in a chamber heated by a stove to the temperature of from 50 deg. to 60 deg. (Reaumur), some portions loose, some portions tied lightly, others closely pressed together, and others in cases hermetically closed. They were subjected to the action of the heat for 48 hours.

Sixty-six persons, of all ages and temperaments, including Turks, Egyptians, Syrians and Negroes, were clad in the garments and put in the closest contact with the articles which had been thus treated.

The result has been, that not one single person of the sixty-six has been attacked by the plague, or his health affected in the slightest degree by the experiments to which he has been subjected.

The commissioners state that the quality of the materials has not been in any way deteriorated by the action of the heat; that the colors of the various manufactured articles have not been dimmed or changed; that the

experiments have been attended with scarcely any cost; and that securities may thus be obtained against the communication of plague at an exceedingly small expense."

Character of the Fever at Rondout.—We copy the following certificate relative to the disease at Rondout, from the New York papers:

We, the undersigned, from a full investigation of the character of the febrile disease now existing at Rondout—an investigation based upon the features of the disease in the living and the appearances of the internal organs after death—have arrived at the following conclusions:

1. The disease is a *bilious remittent fever*, with a great tendency to assume the typhoid type.

2. So far as our personal knowledge extends, and so far as we can learn from others, we are decidedly of opinion that there has not been a single case of *yellow fever* in this locality, nor has there been a single case accompanied with the *black vomit* peculiar to that disease.

3. As regards the question of the contagious nature of this disease, our opinion in the negative is equally decided.

JAMES R. MANLEY, M.D., } of New York city.
 SAMUEL FORRY, M.D., }
 EDWIN JEWETT, M.D., of Rosendale.

The schooner *Vanda*, which is charged with having introduced the yellow fever into Rondout, arrived at Boston early last week, in good health and condition, but left the port immediately for Bangor, without coming to a wharf—in consequence of the cargo (coal) having been sold at that place.

Valuable old Anatomical Plates.—A gentleman has left in the care of the editor, several thin folios of anatomical plates, and some illustrative of the surgery of hernia, that would be greatly prized, it is believed, by those who are in pursuit of rare works. They may be had very reasonably. Among them are Eustachius, Scarpa, &c.

New York Journal of Medicine.—In consequence of being from home a considerable time, no opportunity has occurred before for speaking of Dr. Forry's new Journal, with that attention which it truly merits. The papers on the Endemic Influence of Evil Government, in Minorca; Complicated Menstruation; Dr. Watson's Observations on Obscure and Remote Effects of Syphilis; together with the Editor's two articles on Epidemic Influenza and British Army Medical Statistics, will compare favorably with the very best productions of the medical periodical press in any country. There never was a better beginning—since there is learning, industry and good judgment exhibited throughout the whole No. Dr. Forry's reputation as a writer makes it very certain that much is expected of him in his new and perplexing capacity of an editor; but he is fully competent to the laborious undertaking. We look forward with the expectation of seeing his Journal conducted with firmness, dignity and distinguished ability. If the profession of New York, and wherever else the claims of this new candidate for patronage is made known, do not

exert themselves to sustain it both cheerfully and bountifully, the hope of maintaining a medical journal of character in that city, must be wholly abandoned for many years to come.

Uterine Truss.—Dr. R. Thompson, of Columbus, Ohio, is the inventor of an instrument with the above designation. From the united testimony of the most eminent physicians of that and other States, it must be considered very valuable. In the first place, the mechanism is exceedingly simple—a desirable object. Secondly, the workmanship is admirable. We have rarely seen a neater piece of needlework. Good taste is a recommendation of itself, even in surgical apparatus. Although this contrivance appears to have been before the western public a considerable time, as far as our recollection serves, very little, if anything, was known of it in the eastern States till within a few weeks. We bespeak for it the candid examination of the profession wherever it may be exhibited. In the meanwhile, a specimen may be seen at this office.

Medical Miscellany.—Dr. Smith has been removed from the office of Collector of Perth Amboy, N. J.—Thomas S. Savage, M.D., who has been a missionary physician at Cape Palmas for a long time, has returned home to New York.—It turns out that Charles Stratton, the dwarf, exhibited in Boston some months ago, was born in Bridgeport, Conn., and not in England, although so written by the person who had the care of him, when the request was made for particulars.—Four children were born at a single birth, last week, not far from this city.—Dr. Golbraith A. Irvine, of Warren, Co., Penn., is nominated for Congress in the District in which he resides.

Number of deaths in Boston, for the week ending Sept. 9, 72.—Males, 40—Females, 32. Stillborn, 4.

Of consumption, 4—Inflammation of the brain, 1—infantile, 6—cholera infantum, 9—cramp in the stomach, 1—bowel complaint, 10—Inflammation of the bowels, 3—marasmus, 2—spasms, 1—dysentery, 5—disease of the heart, 1—drowned, 2—asthma, 1—teething, 2—hemorrhage, 1—scrofula, 1—fits, 3—dropsy on the brain, 1—scarlet fever, 1—canker, 1—old age, 3—typhus fever, 1—tubercle of the brain, 1—worms, 1—Inflammation of the lungs, 1—diarrhea, 1—child-bed fever, 1—liver complaint, 1—hooping cough, 2—lock-jaw, 1—disease of the brain, 1—apoplexy, 1.

Under 5 years, 44—between 5 and 20 years, 6—between 20 and 60 years, 19—over 60 years, 3.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

August.	Therm.	Barometer.	Wind.	August.	Therm.	Barometer.	Wind.
1	from 59 to 76	from 29.40 to 29.44	N	17	from 58 to 81	from 29.42 to 29.43	S W
2	55 76	29.40 29.50	N E	18	66 83	29.42 29.44	S W
3	59 77	29.50 29.69	S W	19	68 73	29.46 29.49	S W
4	58 83	29.73 29.80	S W	20	67 71	29.35 29.42	N E
5	63 76	29.80 29.81	N E	21	64 66	29.54 29.59	N E
6	59 63	29.53 29.70	N E	22	61 66	29.50 29.60	N E
7	58 75	29.50 29.53	S W	23	65 79	29.43 29.44	S W
8	67 73	29.46 29.48	N W	24	69 76	29.43 29.48	N W
9	67 74	29.49 29.55	N W	25	61 78	29.53 29.60	N W
10	66 75	29.46 29.53	S	26	63 81	29.59 29.60	S W
11	64 66	29.26 29.30	N E	27	66 83	29.55 29.59	S W
12	64 77	29.27 29.39	N W	28	67 73	29.55 29.57	N E
13	62 82	29.43 29.43	N W	29	63 71	29.66 29.70	N E
14	64 81	29.29 29.40	S W	30	66 81	29.48 29.60	W
15	69 90	29.21 29.28	N W	31	65 85	29.43 29.47	N W
16	59 77	29.39 29.44	N W				

The month has been warm and wet—a fine season for the growth, but bad for the ingathering of the crops. Oats have suffered in the harvesting. The range of the Thermometer has been from 55 to 85. Barometer, from 29.21 to 29.84. Rain fallen, 9.19 inches—the greatest quantity for any one month for 2-3 years.

Extraordinary Case, in which the arm was torn off at the Shoulder-joint, by machinery, communicated to Prof. Willard Parker, by JAS. S. COOPER, M.D., of British Guiana, South America.—I was called to a neighboring plantation to see Daniel, aged about 7 years, son of one of the laborers. On arriving, I found a case of a very serious nature. The boy, while playing about the sugar-mill of the estate, had been caught in some of the machinery, and his left arm was torn off, bringing with it about two-thirds of the scapula. The deltoid muscle was carried away entire, and the trapezius was torn from its attachment to the clavicle, the naked end of which bone was protruding through the wound. Notwithstanding the very large amount of surface exposed, there was not the slightest hemorrhage, although reaction had fairly taken place.

With the assistance of Dr. Walker, the medical attendant of the estate, I proceeded to dissect out the remainder of the scapula, (the inferior and posterior portion.) A little bleeding ensued from the scapular arteries, but it soon ceased on pressure being made. Then, with a small saw, I removed the external third of the clavicle. As there was no necessity for tying a single vessel during the whole operation, the wound was now closed with sutures and adhesive straps; and the dressing was finished, by applying a compress and roller around the body. The patient bore the operation well, and soon after fell asleep.

Dec. 16.—Considerable febrile action—pulse 120—tongue furred—wound rather painful. Ordered a slight purgative and left him.

20th.—Every thing has gone on well up to this day; the wound was dressed; about half of it had united by the first intention, and the remainder is suppurating kindly. There is no fever; and the patient is every way comfortable, sitting up in bed, he having taken a full meal. The sutures were removed; and from this time onward he recovered rapidly.—*New York Journal of Medicine.*

Extraction of a Leathern Cord from the Bladder.—A native of Piedmont some time since entered the Hotel Dieu of Marseilles for stone, with which disease he had suffered for six months. Lithotritry was determined on; but on grasping the body within the bladder by the forceps, it was found to be quite soft and compressible, and the surgeon determined if possible to draw it entire through the urethra. Much resistance was met with in trying to pass the neck of the bladder, and again, when the body was brought to the meatus urinarius, it became wedged there so closely that the instrument which held it could be neither retracted nor pushed forward. At length, by some violence, a strip of leather, eight inches in length, was drawn out, incrustated with calculous deposit. Abundant hæmaturia followed; and the frightened patient acknowledged that about nine months before he had lain one of his boot-laces in the urethra, then gone to sleep, and on awaking could no longer find his boot-lace. Cystitis afterwards came on, and the man died in three days. After death, the bladder was found enormously distended, stretching upwards beyond the umbilicus, its coats thickened, its internal surface of a darkened color, and five small calculi in its cavity. The mucous membrane of the urethra was throughout converted into a softened blackish mass, easily scraped off with a scalpel; the prepuce and integument covering the penis were much thickened and infiltrated with fluid.—*Journ. de Conn. Med. Prat.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, SEPTEMBER 20, 1843.

No. 7.

THE PHYSIOLOGICAL EFFECTS OF HIGHLY CONDENSED AIR UPON
THE HUMAN BODY.

By W. Detmold, M.D., New York.

As ours is the age in which the collateral sciences of natural philosophy and chemistry, in their rapid advance, have thrown much light upon hitherto unexplained points of physiology, all facts leading toward that object should be gathered and generalized. We will, therefore, give an extract from an article, which we met with in the Archives for Mineralogy, Geology, and Mining, edited by Dr. Karsten. He describes a most ingenious and scientific operation in mining, where one element is made use of to resist another, and where human skill comes out victorious from the contest of the two elements.

The contrivance is to keep out the influx of water from a mining shaft by means of condensed air; but however ingenious and scientific this may be, it is foreign to this Journal; and we will, therefore, limit ourselves to a short description, sufficient for our readers to understand the process. The part which interests us is the effect of condensed air upon human life, that is, the effect produced upon the miners who are at work in the condensed atmosphere. The account itself, as well as the Journal in which we found it, is devoted to geology and mining; and hence, as the physiological facts are as foreign to them as mining is to us, we find a short notice only of the effects of the condensed air upon the workmen; and the explanatory reasoning on these effects, we have ourselves added.

From Doué, in the Department of Maine and Loire, to Niort, in the Department of the Nether Loire, extends a large bed of bituminous coal, known to geologists, which is covered by a layer of alluvial soil about sixty feet deep (eighteen to twenty metres). This alluvial soil consists of strata of clay and floating sand, the latter being in direct communication with the waters of the Loire itself. The difficulty of penetrating this layer of alluvial soil, and of keeping back the floating sand, which would press into the mining shaft with the weight of the waters of the Loire, with which, as just observed, it is in direct communication, had hitherto been considered as insurmountable; and, consequently, the

valuable bed of bituminous coal remained inaccessible and unavailable, until M. Triger, in connection with M. de Las Cases, proposed to force the water back by means of condensed air. To accomplish this object, they adopted the following plan :

A cylinder of sheet-iron about seventy feet long (twenty metres), and about three and a half feet (1.033 metre) in diameter, was forced through the sand till it reached the bed of coal. The upper end of this large cylinder is closed by a box, with two valves large enough for a man to pass through ; and this contrivance is for the purpose of letting the workmen pass in and out, without allowing the condensed air to escape. The rest of the apparatus consists of air-pumps, which are steadily worked by a steam engine. By means of the air-pumps, the sheet-iron cylinder and the shaft, which latter commences where the former terminates, are filled with condensed air, which is always kept equal to a pressure of three atmospheres, or equal to forty-four and a quarter pounds to the square inch, which presses the water back, and keeps cylinder and shaft dry.

Without entering further into the details of the apparatus or its operation, we think we have said enough for our readers to form some idea of both. Suffice it to add, that the practical results fully answered the expectations, and that the success was complete.

We now come to that part which interests us most, viz., the effect of the condensed air upon the workmen and miners exposed to it ; and we regret that this part of the account is as meagre in the eyes of the physiologist, as probably our description of the apparatus would be unsatisfactory to a civil engineer or a miner ; for, as we said before, the facts are briefly stated, and we have added the explanatory reasoning without presuming, however, that ours is the only mode of explanation. Others may find a different, and perhaps a better theory.

The first phenomenon which was observed when the men entered into the condensed air, was a more or less severe pain in the ears. This pain commences immediately on entering into the compressed atmosphere, and ceases as soon as an equilibrium is established between the condensed air and the air which is contained in the interior of the ear. This explanation appears the more probable, as the pain was easily removed by the act of deglutition. In some of the workmen, this pain in the ears was so slight as to be hardly perceptible, while in others it was very intense. With others, again, it did not exist at all in entering into the condensed air, while it became very severe on leaving it, and getting out into the open atmosphere ; the latter case was, however, of rare occurrence. A certain bodily disposition seemed to exert some influence upon the degree of pain which the men experienced, as the same person would one day feel it only very slightly, while at other times, apparently under the same circumstances, the same person would suffer intensely. Besides, the fact was established, that the pain would be lessened in proportion as the transition from the open air into the condensed, and from the condensed into the open air, was slower and more gradual.

Another singular observation which the workmen made was, that nobody was able to whistle in condensed air under a pressure of three atmospheres; but until the condensation reached that point, viz., the pressure of three atmospheres, the men were enabled to whistle. This phenomenon we explain in the following manner: In whistling, we force a stream of air through a small aperture of the lips; and this fluid, in thus passing through this small aperture, becomes condensed, and produces the sound; but under a pressure of three atmospheres, the air is already so condensed that the ordinary effort, which the muscles of the cheeks and lips and the respiratory muscles are accustomed to make for the purpose of whistling, is not sufficient to compress the air any farther; and consequently there arises an inability to whistle. The account we have does not mention anything on the subject, but we suppose there would be a similar difficulty in expelling air *per anum*.

Another fact observed is, that in this condensed air, *every body speaks through the nose*. The following theory may explain this fact: The common expression, to speak through the nose, is a misnomer, being like *lucus a non lucendo*; for the sound becomes nasal (we speak through the nose) when, in articulation, the air and sound do *not* pass freely through the nose. Now, as the animal heat in the interior of the nose probably rarifies the air a little on its passage through that cavity, the surrounding air is slightly more condensed than that within the nose; and the pressure from the outside is consequently stronger in proportion to the rarification of the air within the nose. The slightest pressure on the nose is, indeed, sufficient to give to the voice a nasal sound, which we easily perceive by merely laying a finger gently on each side of the nose. On the other hand, it is also possible that this phenomenon is produced, not by the action of the condensed air on the speaker, but on the hearer.

Though we might be led to anticipate some decided effects upon respiration from the exposure of the lungs to this condensed air, the account does not mention any change produced in respiration, except one phenomenon, which we should have least expected, namely, that the workmen, in ascending the shaft filled with condensed air, did not lose their breath, or did not become short of breath, to the same degree as when making a similar ascent in the free air. The only explanation we can suggest of this fact is as follows: As the same given volume of condensed air of course contains a greater quantity of oxygen than the same volume of uncondensed air, it follows that the lungs require, in proportion to the condensation, a smaller volume of air to effect the oxydation and decarbonization of the blood; and that they consequently do not require to be extended as much as if they were breathing uncompressed air, nor need the action of the respiratory muscles be as energetic.

May not this fact, if carefully investigated and fully established, warrant the practical application of condensed air as a remedial agent in certain diseases; for instance, in some kinds of asthma, or some affections of the lungs, in which these organs have become partly impermeable to the air, or even in morbus cœruleus? Even if we could not expect to

cure those diseases by the breathing of condensed air, yet it might be a means of prolonging life. A small volume of condensed air would introduce a sufficient quantity of oxygen to be mingled with the blood, without the objectionable excitement produced by the inspiration of an uncondensed air, which contains a greater and an artificial proportion of oxygen. We are fully aware that a merely speculative idea, thrown out in this way, is open to a great many formidable objections; and it would carry us far beyond our limits to enter here into a discussion *pro* or *contra* on this subject; but if we mistake not, some years ago a physician in Paris had an apparatus arranged for applying condensed air as a remedial agent, though we do not at present recollect where or whether we ever have seen a satisfactory account of his experiments, nor do we recollect the name of the physician.

The last and most remarkable fact which we find stated in the account before us, among the effects produced by the condensed air upon the workmen, is the following: One of the miners, a man by the name of Floe, who had been deaf since the siege of Antwerp, always heard better in the condensed air than any of the other miners who were not deaf. We regret that we only find this brief statement of the bare fact, without mentioning anything of the nature or cause of the man's deafness, precluding thus any conclusions at which we or our readers might have arrived. It might be that the cause of deafness was an obstruction of the Eustachian tubes from thickening of the lining membrane, which was temporarily removed by the pressure of the condensed air. But why then should he hear better than any of his companions, who were not deaf? for the comparison which is made seems to imply that the hearing of those who were not deaf became imperfect in condensed air. It must, therefore, have been a cause which, while it affected a sound ear, temporarily restored a diseased organ. May not condensed air act as a stimulus upon the organ of the ear, which, while it is too powerful for a sound ear, excites to action an organ perhaps partially paralyzed, which requires an artificial stimulus—a result analogous to the fact, that a person suffering from nervous deafness hears better in a noisy place; as, for instance, when riding in a carriage? Or does condensation alter the sound-conducting property of the air? Are the vibrations of condensed air more intense or less so than those of the air when under no pressure?

The account farther mentions some interesting observations belonging to the province of natural philosophy; as, for instance, the increased rapidity of combustion, which, under a pressure of three atmospheres, increased so that they had to abandon the ordinary candles with cotton wicks, which, burning out in less than a quarter of an hour, made so intolerable a smoke that they had to exchange them for candles with linen wicks, which lasted longer and did not smoke so much. We will, however, not go beyond our province; but in conclusion we cannot refrain from adding, that in the session of the Academy of Science of Paris, of November 8th, 1841, Dr. Poisenille mentioned some experiments which he had made on the effect of high atmospheric pressure

upon animal life. Having exposed salamanders and frogs to a high pressure, he found that it produced no change in the capillary circulation, even when the pressure was equal to seven atmospheres. He observed the same upon some mammalia: having exposed mice and young rats for a whole hour to a pressure of seven atmospheres, or one hundred and three and a quarter pounds to the square inch, he observed that they moved about and fed as usual, as soon as they came out of the pressure into the open air.—*N. Y. Jour. of Med. and the Collateral Sciences.*

NON-RESTRAINT OF LUNATICS IN ENGLAND.

[Communicated for the Boston Medical and Surgical Journal.]

It is known to our readers, that for two or three years past no little amount of attention has been drawn, by the laudatory remarks in newspapers and Reports, to the plan of treating lunatics in asylums and hospitals without the use of what they in England seem *technically* to term *restraints*. The idea is, not that the locks are taken from the doors, the keepers removed, and "moral suasion" alone resorted to; it is not that any new magic mean has been discovered to "mesmerize" or otherwise pacify the being void of self-control; but simply this, that apparatus applied to the person, or the limbs of an excited maniac, is disused. Its place is supplied by a greater number of keepers (attendants, as they are called in this country), by seclusion in rooms furnished with an "inspection plate," that is, a hole in the door through which the patient can be observed, and by locks to keep on his clothes, boots, &c.

It is well known that the insane in the hospitals of England have been treated far behind the age. The annual report of the director of one of our Massachusetts asylums, as late as 1840, represents that he saw chains to the beds of a long dormitory of St. Luke's Hospital, one of the oldest and most distinguished in Great Britain. It is to be regretted that in bringing their system up to the standard, they had not avoided the common error of reformers and new converts, that of affecting and perhaps believing themselves to have reached nearer the heaven of perfection than a fair view of facts will sanction. So far as they have got rid of strait-waistcoats, handcuffs, chains, and all those repulsive and unnecessary adjuncts, they have done well. But when they attempt to hold out the impression that they have made any new advances in the art of treating lunatics, by giving the name of entire abolition of restraints to the measures, mitigated to be sure, adopted in their place, they may deceive themselves, they may deceive the public, but of this they may be sure, they will not deceive the insane themselves. It is essentially a misnomer, and the attempt to restrain a dangerous insane man in one of our asylums by locking him up in a strong room with a small hole through a plate in the door, from which ever and anon he would see the eye of his keeper glaring in upon him, might naturally enough bring to his recollection the stanzas of one of our democratic distiches:

"If we cannot alter things,
By — we'll change their names, sir."

To attempt to abandon wholly all restraining measures, to tie one's own hands against their use under all circumstances, is to cut off the power of acting in accordance with one's best judgment. It is of the same form of absurdity as that which actuated some of our ultra-temperance practitioners a few years ago, in their denouncing the use of alcohol under any circumstances in their practice.

It is highly commendable to attempt to reduce the entire measures requisite for the treatment of the insane, not only restraints of members, but seclusion, interdiction of friends, &c., to their lowest point, consistent with the great objects to be attained, safety and restoration. But nothing is farther from the principles of good sound common sense, than to deduce the conclusion that because the least practical amount of a mean is always desirable, none at all is still better. Yet this is a principle often adopted by a certain class of minds, where a sanguine bias, a desire of originality, or incapacity of just ratiocination, predominates. For example, it is admitted that practitioners of the highest stamp ordinarily use the least amount of medicinal agents; of course, a still higher step is to adopt homœopathy, or, what is equivalent, use none at all. The best schoolmasters use the least corporeal punishment; to be still better, announce to your scholars that you have abolished that remnant of barbarism. The best codes of criminal laws enforce the punishment of death the least; therefore advance a step higher, and abolish it entirely.

This is much the reasoning, we apprehend, of those individuals who have attracted some attention in England by their advancing a last step, as they would fain have it appear, in the already far-reached progress of insane asylums, and announce that they use no restraints. The idea conveyed is not the real one to a very great extent, because one form of controlling the sufferer is substituted for another. As far as it is real, it is to be dreaded. An awful illustration of this is conveyed in the reports of Dr. Conolly, of the great pauper lunatic asylum at Hanwell, near London, a re-publication of whose annual reports for the last three years is before us, having accidentally reached us by the hand of a friend. It would seem that this attempt to lay down a general rule for the guidance of a public hospital, that restraints upon limbs should never be used, was commenced at the Lincoln Lunatic Asylum in 1837, and was followed at Hanwell some two or three years later. At the Lincoln Asylum, where one extreme, that of unheard-of restraint, as we should judge by the table, p. 20, of Dr. C.'s report, was succeeded by the other, that of no *personal restraint* (meaning, as the use of the term always does in these English reports and discussions on this topic, merely apparatus to the person, and not seclusion, guarding, watching, &c.), it would seem that this plan, like all ultra measures, has naturally reached its just mean again; a note to page 66 of this report speaks of its being understood that restraints, after a long discontinuance, have been resumed at Lincoln.

The painful comment on a system of absolute disuse of all bodily re-

straints referred to, is found in the account of the death of an aged man caused by injuries inflicted by another patient, as pronounced by the coroner's inquest, page 134, and by the instance detailed on page 166, where "the attendants were set at open defiance, and one of them was severely hurt by a patient just received." The recent items copied into our newspapers from those of England, contain also a most striking and tragic account of a visiter, whether patient or not did not appear, at this institution, who threw herself from a window in a suicidal paroxysm; she was seized by Dr. Conolly, held by the arm, while his cries for assistance were fruitless, until she slipped through his exhausted grasp, and fell into the area, a distance of seventy feet, if we recollect aright, producing, of course, instantaneous death!

Now we will not say that these examples of sad accident were the natural or necessary results of an attempt to curtail the use of restraint beyond a judicious degree. All institutions are liable under the utmost vigilance to occasional mishaps; and the medical man who has numbers of lunatics under his care would presume on his good luck if he felt himself removed from the danger of occasional accidents. But we will say that we never knew of a single accident equalling in degree of horror either of these, to have occurred in all the institutions in New England, since the period of their foundation. They at least have that suspicious character which should make an upright and conscientious man stop and inquire of himself whether he may not, in correcting some abuses, fall into more afflicting troubles. Many *hobbies* may be very innocently ridden, and ridden to the death, without hazard or harm. In regard to abolition of the punishment of death, correction in schools, and bodily restraints among lunatics, a good maxim is, "*festina lente*."

Medio tutissimus ibis.

The anecdote of a conscientious miller in Connecticut, illustrates more than the danger of sudden changes in the abolition of slavery. He increased the height of his dam until his neighbors, with one accord, protested that they should all die with fever and ague, if the country were so inundated with his back water. Impressed with the soundness of their complaint, he at once hoists his gate, knocks out a few planks, and abates the nuisance by "immediate and entire emancipation" of the element. The consequences to those down stream may be well imagined.

These reports of Dr. Conolly, we regret to see, are written with a tone of self-elation, a disposition to place himself forward as a great and successful innovator in the matter, which we should not have expected from the character of his previous writings, which, if not always very solid, were at least in good taste. Every page almost repeats the story, often in Italics, of "the *entire disuse* of restraints," "the *total abolition* of bodily restraints," while an American at least is surprised in the same pages to find, as at page 21, that "strong dresses are provided, secured round their waists by a leathern belt, fastened by a small lock." "For some who destroy the collar and cuffs of their dresses with their teeth, a leathern binding to these parts of the dress is found convenient." "Va-

ried contrivances are adopted, with variable results, for keeping clothing and boots on those who expose themselves." "As it is now and then necessary to *confine the hands* when a blister is applied, to prevent its removal, and as this, like all other temporary restraints applied with the justifiable plea of protection, is generally abused by being too much prolonged or unnecessarily severe, a kind of cape" has been thought of. "Those who are in the habit of striking suddenly, tearing the bed-clothes, &c., sometimes wear a dress, of which the sleeves terminate in a stuffed glove, without division for the thumb and fingers." Although we find subsequently that this last appliance was discontinued from its clumsiness.

Let us look at the principal substitute for these restraints, which appears to be seclusion, which is adopted and printed as a technical term, *seclusion*, or shutting up in a strong room. That this is the substitute, is obvious from the printed form of register, in which the columns formerly headed "Number in Restraint," and "Length of Time in Restraint," now are changed to "Patients in Seclusion," and "Length of Time in Seclusion." To judge from the phraseology of some parts of these reports, one would suppose that all measures beyond "moral suasion" were unnecessary cruelty. But on referring to page 70, will be found a description of the mode in which a violent patient should be put in seclusion. It is in fact no more than that "three or four attendants, possessed of courage and good temper," should surround and put him in his room. "The window of his room should in all cases be secured by an efficient shutter and lock. The bedstead, which should be of wood, should be fastened to the floor and remote from the window. Sufficient light should be admitted through *holes* made in the window *shutter*, to enable the attendants, by looking through the inspection plate in the door, frequently to ascertain the state of the patient."

We should like to have the opinion of one experienced in the treatment of the insane, as to the relative wound to the self-respect of a patient in this mode of procedure, and in the administration of those means such as the application of large mittens, or the leathern muff, which are occasionally, although but rarely, employed in our New England institutions.

Again, in the case of patients disposed to suicide, we learn (page 135) that they are "more generally put into rooms where other patients sleep—a measure *always advisable, if the patient is not noisy or violent.*" We know not how this idea might be acceptable to the English public in case of one of those accidents, which the history of insane patients trusted together, cannot fail to furnish, but have no hesitation in saying that we believe that a superintendent at one of our asylums, even for the lowest class of paupers, would have speedy leave to retire to private life, if he should be known to sanction such a proceeding, as that two lunatics were locked at night in a room together. To say nothing of the danger of life, which any one experienced in the occasional sudden changes of the form of insanity from mild to severe, the liability to

occasional outbreaks of secret malignity or capricious mischief, of those externally pretty well, will not undervalue, there are other objections which will be easily conceived.

At this very institution at Hanwell, Dr. Bagley, an assistant physician, informed a friend of ours in 1840, in speaking of the terrible necessity they experienced of having many patients in one dormitory, that the constant commission of offences not to be named, could not be avoided, and were habitually practised. Better that chains, coercive chairs, strait-waistcoats, *leg locks*, and the other apparatus, the very names of which have not yet reached this side the Atlantic, should be employed, than that such horrors as these should be endangered!

The true doctrine in relation to the use of restraint, including under this term not merely bodily restraint, but seclusion, guarding, and the like, appears to us as simple, plain and unanswerable, as any point of common sense in ordinary dealing.

First, to avoid them all, as far as consists with the safety of the patient and those around him. If he be disposed to active suicide, to self-mutilation, to impulsive acts of violence, or if his disease demand a horizontal position (as is most valuable in delirium tremens, exhausting standing up from insane apprehension in a feeble and exhausted sufferer), the apparatus employed to retain him in bed, and still allow him a free power of changing position, or the muff or mittens when he is up, are found to be most efficacious and unobjectionable. A second rule is, that all and every form of restraint and seclusion should be applied only under a responsible officer, who will exert his own judgment of its necessity and extent. This rule infers in its application the immense advantage, if not the absolute indispensableness, of a moderate number only of patients in an institution. *If we regard anything as settled beyond a doubt, from a vast many reasons, it is that no institution should congregate more than from one to two hundred subjects*; this forms as large a body as one single director can or ought to be responsible for, and will leave but few occasions for delegated authority in matters of moment. A third circumstance should be, that no restriction should be put upon the head of an institution as to the employment of any number of suitable assistants, at any price that may be necessary.

With these qualifications, there can be little or no danger of personal liberty being unduly or unwisely infringed in an institution for the insane.

There are two remarks in these reports of Dr. Conolly, touching the asylums of this country, which deserve a passing remark. At page 118, where the Resident Physician "may refer to the liberal manner in which the attempt [to abolish restraint] has been received at Glasgow, at Montrose, at Stafford, and by the Directors of the Retreat at York, *as well as by physicians of asylums in America*," &c. That this or any other proposition or suggestion from so eminent a physician as Dr. Conolly would be received by any director of an insane hospital in America with consideration and respect, is certain. If it is intended to intimate that any idea of changing the means employed at present, for such forms of restraint as this Report describes, has been broached, or has ever been

thought worth the trial, in any institution of our land, we, with considerable acquaintance with the management of many of our institutions, must be allowed to doubt. Even if we should happen to have any hospital superintendent who could be seduced into the attempt from any faith in its truth, or from the newspaper applause which might accrue, he would probably pause, after a knowledge of the sad results to which we have referred.

The other objectionable observation referred to, is on page 174. "In several asylums, *where as yet it has not been found practicable* to discontinue restraints entirely, they are spoken of as being seldom resorted to. At York, Ipswich, Dumfries, Belfast, Clonmel, and in the asylums of Worcester, Bloomingdale and Massachusetts [McLean Asylum] in the United States, this testimony has been distinctly given." "*Found practicable*"! The phrase *found wise, judicious and safe*, would express much nearer the views of those gentlemen, who have been placed at the head of our few, but unsurpassed, institutions. They probably, even in comparison with the boasted abolition of all bodily restraints as in these foreign asylums, may console themselves with the belief that in actual freedom from measures of irritating interference (including generally personal restraint, seclusion, or coercive measures), they have gone further than those of other countries. They may also rejoice that no morbid oscillation of the pendulum of public opinion, thrust far from its equilibrium on one side, by undue severity within their institutions, requires it to pass the bounds of truth and judgment on the other, before its true position is acquired.

PROSPECTS OF NAVAL SURGEONS.

[Communicated for the Boston Medical and Surgical Journal.]

As the inquiry is frequently made by our young medical men, into what prospects the situation of Assistant Surgeon holds out to them, we think that the following letter may not be uninteresting or unimportant. It was written some eighteen months ago, by an Assistant Surgeon to a friend of his, a Commander in the Navy.

Dear ——. * * * When asked, some months since, by a friend, for my advice as to entering the Navy as an Assistant Surgeon, I told him that had I the choice, I would rather be struggling amidst all the privations that every young professional man without means has to endure, than enter the Navy as an Assistant Surgeon with the prospect of remaining in it for life.

Now do not suppose that any privation of personal comfort would make me come to this conclusion. Those that know me can bear witness that I can endure with the best, can eat salt grub and hard tack as well as any, and indeed it would appear affectation to say how perfectly at home I feel on board ship, and how acceptable all my duties are. It is from other causes that my dissatisfaction, or, to use the proper term, my

disgust, proceeds. These are, the present want of protection of the Assistant Surgeons by the rules and regulations of the service—the degrading footing upon which common usage places them—the total disregard of the dignity of their profession, the extent of their acquirements, or the inherent respectability of their calling, which is shown by other officers.

After spending some three years in acquiring our profession, expending labor and money upon it, we pass an examination which entitles us to a commission. The character of that examination, its strictness and impartiality, are well known. Seldom more than one third of those that present themselves for this examination pass it—often not that proportion. It puts our medical attainments beyond question. In running over the list of Assistant Surgeons, I find there are but twenty-seven that I know. Of these, nine (one third) would anywhere be called men of accomplishments. One is a fine scholar and naturalist; a second is well acquainted with four modern languages, has built a steam engine, and shows considerable talent in mechanics; a third is an accomplished musician; two, besides being read in five modern languages, are scientific musicians; another is one of the best read men in English literature of his years that I know of, besides a classical scholar; another, with a classical education, is a scientific musician, and draws as well as any amateur I know. I speak nothing of a mere knowledge of French and Latin, for these all ought to have, and in giving these instances I have rigidly avoided exaggeration. Now let me ask, how much is there in the situation of officers of our grade, with such acquirements, to make them satisfied with their condition? They come on board ship fully qualified for the exercise of their duty, yet are associated with boys perfectly ignorant of theirs. They have a commission which requires the approval of the Senate; yet it confers no right that the midshipman who was at school learning to read two days before, may not dispute, and victoriously too. They are not permitted to bear that commission until they are of age; yet a boy who has not got over the whims and caprices of childhood may exert those very whims and caprices to the discomfort of a man whose attainments have been tested and stamped with a high value by a rigid examination—attainments for which he has possibly expended all his little means, and given up his youth to privation and toil—and which redound to the credit of the service.

It may be asked, why do men remain in the service under such circumstances? Why, many cannot help it; myself, for example—others are for a time by chance fortunately situated, as I happen to be just now, and the chain does not gall—and then, getting broken in, or broken down, they find it too late to resign. For myself—on shore I enjoy a social position which I have every reason to be well satisfied with, and which (and I say it without vanity) I have obtained, or at least maintained, for myself by my acquirements, such as they are; yet in the Navy, what does this avail me? Have I a single honor shown me which is not shared by a midshipman who cannot speak good grammar? Last cruise I was under an illiterate Commodore and narrow-minded 1st Lieutenant (and I may be again)—made to wait in a boat for a ward-room mess boy—hav-

ing the attempt made to force me to take my meals at the same hours with the men—and subjected to many like annoyances worthy the source whence they sprung. Treated thus by those highest in command, reduced by them to the level of the forward officers, my relations with others could not be more favorable, and the picture is not overdrawn nor indeed half filled up.

I have escaped the service in a Sloop of War, where an Assistant Surgeon, with his disposition to study, is thrown into a steerage without a spot he can call his own; forced to sit at table with a set of unruly boys, whose noise and uproar he is never for a moment freed of; his books made a laughing stock, his habits of study ridiculed and broken in upon; while a boatswain, who cannot read, and who has been accustomed all his life to sleep in a hammock, has, as well as each of the forward officers, a state-room to himself. In looking forward, I find that though the entrance into the ward-room gives certain outward marks of honor, such as a pipe at the side, &c.—things to me of no value—yet it gives no increased respectability of station. The purser, a mere accountant, has more deference shown him; and the lieutenant who got his commission yesterday, and who without it might be a mere cypher, takes precedence over a Surgeon of the Fleet, gray in the service of his country, to which each year he may have added more credit and reputation. I have an instance of this in our present Surgeon—a man of great acquirements, well read in German, Spanish, French and English literature—a classical scholar, and highly perfected in all manly accomplishments, yet scarce receiving what would gratify the feelings of a third-rate school-master.

Now do not suppose that I have any absurd idea of what the privileges of a Surgeon should be, or that I think an Assistant Surgeon should step into all the honors that long-trying and faithful service entitle a man to. For an Assistant I ask (and I ask it in the name of their well-founded and well-proved professional knowledge, and in the name of their ability by such knowledge, and by their accomplishments, to do credit and bring honor to the service to which they belong) honors in common with other commissioned officers—an assimilated rank with masters—a seat at the ward-room table on board Sloops of War—a state-room out on birth-deck of ships of that class, where he may have some chance of at least retaining the knowledge with which he entered the service. For a Surgeon I would ask an assimilated rank (as in the army) with lieutenants, taking rank by date, and proceeding through the grades of commander and captain. Now all this would give me no higher an estimation of myself than I have at present. It would not make me feel myself a greater man or a more learned physician; but it would show to others that my attainments were legally respected, and it would put me above the whims and caprices of men infinitely beneath me in intellect and acquirements. At present, what inducement have I in the service to exert myself? Were I as learned as Louis, or as fine a surgeon as Dupuytren, would it benefit me one particle in any possible way? I have no *esprit du corps*; I have never had anything to give it me. I am by

law or by usage the companion of boys and forward officers. Officers of other grades do not look upon me as one of themselves, and I have nothing in common with them. The time has gone by, if ever it was, when I felt that I *gained* honor by being in the service. I can say in truth, with nearly every one of my corps,

"My office lends me no grace
I do not pay it back."

We do more credit by far to the Navy than it does to us; and in return I ask of government merely such outward marks of respect as are due to the professional and other attainments which we are acknowledged to possess.

CHEMICAL ANALYSIS OF THE HOT SPRINGS OF VIRGINIA.

[SINCE the publication of an article, three weeks ago, on the Hot Springs, the results of our personal observations on the spot, the following communication has been received from Dr. Goode, to whom we tender our thanks for past kindness and civilities.]

There are seven baths at this place, four of them spout, each supplied with water from a separate spring, and of the following temperatures:—one of 98, one of 100, two of 102, and three of 106. The effects of these waters in various chronic diseases, prove that they possess the most decided medicinal powers, though they are considered by many as simple hot water. They have been critically analyzed by Professor Wm. B. Rogers, of the University of Virginia, and according to a late communication from him upon the subject, the saline ingredients in 100 cubic inches of the water are as follows:—

Carbonate of lime	-	-	-	7.013
Carbonate of magnesia	-	-	-	1.324
Sulphate of lime	-	-	-	1.302
Sulphate of magnesia	-	-	-	1.530
Sulphate of soda	-	-	-	1.363
Chloride of sodium and magnesium, with a trace of chloride calcium	-	-	-	0.105
Proto-carbonate of iron	-	-	-	0.096
Silica	-	-	-	0.045
The free gas consists of Nitrogen			83	
Oxygen gas			10	
Carbonic acid gas			7	

The effects of these waters, when drank, are such as we might expect from our knowledge of their *ascertained* constituent parts. But the chemical composition of a mineral water can lead to no safe conclusions as to its full medicinal powers. Its most potent part may be incapable of analysis or destroyed by the process, and its mere properties cannot be developed by analysis. Our only sure test is experience of the actual result when applied to the *diseased* human system. I have resided at

the Hot Springs for ten entire seasons, and watched their effects on several thousand invalids with all the interest which ownership and a sincere sympathy for suffering humanity could excite, and the results of my observations are these. When taken internally, they are anti-acid, mildly aperient, and freely diuretic and diaphoretic ; but when used as a general bath, their effects are great, and exceed all reasonable expectation. They equalize an unbalanced circulation, and thereby restore to different important parts of the system, when torpid, that natural and peculiar sensibility, upon the existence of which their capacity to perform their respective functions, and the beneficial action of all remedies, depend. They relax contracted tendons, excite the action of the absorbent system, promote glandular secretion, exert a marked and salutary influence over the whole biliary and uterine systems, and often relieve in a short time excruciating pain caused by palpable and long-standing disease of some vital organ.

STATISTICS OF CANCER.

M. TANCHOU has lately brought under the view of the French Academy of Sciences a very elaborate paper on the relative frequency of cancers, from which the following statements are extracted :

From 1830 to 1840 inclusive, there died in the department of the Seine (city of Paris and arronds., Sceaux and St. Denis) 382,851 persons ; namely, 194,735 males, and 188,116 females. Of these deaths, 9118 were from cancer ; 2161 in males, and 6957 in females. The deaths from cancer* were irregularly progressive throughout this period, being 668 in 1830, and 889 in 1840 (a circumstance, doubtless, attributable in part to increase of population, but according to M. Tanchou only partly so). The deaths from this cause were mostly in the city of Paris ; in which 7999 individuals had deceased from cancer within the eleven years mentioned, making a proportion of 2.54 per cent. to the total deaths ; while in the arronds. Sceaux and St. Denis, the deaths in the same period were only 1119, or 1.63 per cent. of the whole. The following table shows the influence which age has on the development of cancer.

Age in years.	Deaths from Cancer.	Males.	Females.
From 1 to 10	23	9	14
10 — 20	26	13	13
20 — 30	231	62	169
30 — 40	1012	190	822
40 — 50	1975	339	1636
50 — 60	2108	488	1620
60 — 70	2067	598	1469

* Under this term are included not only the disease to which the name cancer is strictly applied, but scirrhus of other kinds, osteo-sarcoma, encephaloid tumors, noli-me-tangere, sarcocele ; in short, all descriptions of malignant growths.

Age in years.	Deaths from Cancer.	Males.	Females.
70 — 80	1315	398	917
80 — 90	335	62	273
90 — 100	26	4	22
Total	9118	2165	6955

M. Tauchou found, in the above cases, the relative frequency of the disease in different parts to be as follows :

Seat.	Cases.	Seat.	Cases.
Uterus - - -	2996	Thorax, arm-pit, thyroid gland (each) - -	8
Stomach - - -	2303	Scrotum, groin, lungs, colon (each) - - -	7
Female breast - - -	1147	Head, heart, arm (each) -	6
Liver - - - -	578	Epiploon, prostate, hand, male breast (each) - -	5
Rectum - - - -	221	Forehead, shoulder, throat, ear, pharynx (each) - -	4
Abdomen - - - -	188	Kidney, parotid gland, tonsils, larynx, palate (each) -	3
Intestine - - - -	146	Temple, chin, cœcum, vulva, &c. (each) - - -	2
Bladder - - - -	72	Cranium, cerebellum, retina, orbit, æthmoid and mastoid bones, sternum, pleura, peritoneum, female urethra, &c. (each) - - -	1
Face - - - - -	71	Cancers without specified seat - - - -	*829
Mesentery - - - -	66		
Ovary - - - - -	64		
Tongue - - - - -	36		
Eye, jaw (each) - - -	24		
Brain - - - - -	28		
Testicle - - - - -	21		
Lip - - - - -	16		
Vagina - - - - -	14		
Spleen, anus, œsophagus (each)	13		
Nose, mouth (each) -	11		
Thigh, penis (each) - -	10		
Leg - - - - -	9		

The population of Europe appears to be much more liable to cancerous degeneration than that of other parts of the globe. It is said that traces of such disease have been met with in Egyptian mummies, while Clot Bey, and other medical authorities, have stated that it is never met with among the indigenous population of Egypt in the present day, but only among the Turkish women of the country, and in them but rarely. In the East generally, it is affirmed to be much more prevalent among Christians than Mussulmans. Rozet says it is very rare in the north of Africa ; Bac asserts the same as respects Senegal ; and several practitioners in the French possessions in Algiers have never seen it there. From these and other facts M. Tanchou forms his conclusion that cancer is the more frequent in proportion as civilization advances, and other conclusions to which he has arrived are the following :—

* These are supposed to have been principally cancers of the breast, which, therefore, might stand in the table as 1981, a number comprising cancers in the breast in both sexes.

That the cause of this disease prevails throughout the whole economy, but *more especially in the fluids than in the solid constituents of the body*. That, though in the present state of medical science the treatment of cancer must remain empirical, the disease admits of cure in certain cases. That there is no method of treatment uniformly adapted to all cases; and that there is no known specific for cancer.—*Gaz. des Hôpitaux*.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER 20, 1843.

The Saratoga Springs.—Those who have gone the entire round of the principal mineral waters of the United States, give, on the whole, a decided preference to those of Saratoga. Invalids, especially, manifest their partiality very plainly for these fountains. If they ever were valuable, at any past period, they have been essentially improved of late, according to Dr. Chilton's recent analysis. The old Congress spring is certainly improved, and is superior to all others in that neighborhood. It now contains less iron, by a great amount, than formerly, and more iodine and bromide; and since all fresh water has been excluded by the new curb, a forcible cathartic power is acknowledged by strangers. Nothing, in fact, can resist the feeling evidence of its activity; and yet not a single day's education of the gastric organs is necessary to render the water palatable. No nauseous sulphuretted hydrogen is to be forced into the stomach against the permission of half the guardian senses.

The annually increasing attractions of Saratoga exert an influence of a wholesome character. Who could resist the thrill of delight that takes uncontrolled possession of the multitude, every pleasant morning, while two bands of musicians are exerting themselves over some of the sweetest airs that ever were composed? The various and amusing costumes presented to the eye, as group after group presses towards the spring; the salutations of acquaintances; the various attitudes; the laughing, groaning, and limpings; together with the echoes of the sweetest musical tones, and an atmosphere charged with vitality, give, in our estimation, a finish and a crowning glory to Saratoga. There would be no end, were we fully bent on details, in regard to the liberality of Dr. Clark, the proprietor, or the keeper of the Pavilion, to whom the public is greatly indebted for these increased and refined enjoyments. More than one thousand new lodgings have been provided in Saratoga, in addition to those existing about five years ago. Full 4000 persons are assumed to have been steadily on the ground the present season. Expenses range from \$2 to \$12 per week, and hence all classes of persons are sure to be well provided for, and at a fair rate.

It is an essential advantage at all the principal springs, lately, that experienced, scientific physicians have established themselves near by, whose study it is, from season to season, to watch the effects of these powerful

mineral agents, both on the internal and external surface. From an examination of Dr. North's case book, extracts from which appear in this Journal nearly every year, it is evident that there is no falling off of medical consultations. The same remark is applicable to Dr. Moorman's and Dr. Johnston's memoranda at the White Sulphur, and Dr. Goode's at the Hot Springs. From a personal knowledge of the true state of things, we feel greatly confirmed in the opinion, long since advanced, that physicians should impress upon the patients whom they send to the springs, the necessity that exists for having the advice of these resident physicians. They should be discouraged from the adoption of any plans of their own in regard to the use of the water. It is the ambition of these resident practitioners to return the invalid to his family physician so much revolutionized by a judicious use of these waters, as to render the remainder of his convalescence an easy matter. We have found indubitable proof of the skilful and honorable treatment of strangers, who seek advice, which is exceedingly gratifying to the sick, and creditable to the character of the profession.

Such are the facilities for reaching Saratoga, with comfort and rapidity of movement, so unlike the snail pace and expense incurred in getting to our other fashionable springs, that there can be no doubt the company will be constantly on the increase for a long time to come.

Still another advantage, not to be overlooked, which pertains to no other truly valuable watering place, except Saratoga, is a large stationary population of nearly 4000 inhabitants, which prevents that sense of loneliness and desertion after the fashionables retire, which is keenly felt by the last who linger at any other spring. On account of the facilities of rail roads, the season commences about the first of May and lasts quite into October. For some invalids September is far better than the hot and crowded month of August. Even in winter, on account of the ready means of approach, the travelling sick can make a call at Saratoga. The baths are believed to be as valuable in the depth of winter as in the heat of summer. Bath owners, it is understood, propose to keep their establishments open through the cold weather. Our rheumatic and gouty friends may derive immense benefit from this kind of medication. It is not impossible that this class of unfortunates may yet make their fashionable season in the depth of winter, at Saratoga. We entertain the highest expectations in regard to the effects of hot mineral baths in these two very painful maladies.

Thus, we have freely expressed an individual preference, which may not precisely accord with the opinions of all our professional brethren; the real value, however, of the comforts appertaining to Saratoga, to say nothing of its sparkling fountains, will not be considered over estimated by gentlemen who have visited all the essential springs in the Union.

Practical Instruction in Animal Magnetism.—As long ago as 1837, Thomas C. Hartshorn, Esq., a gentleman of literary and scientific taste, translated the work of J. P. F. Deleuze, on this subject, from the French—to which were appended a vast many notes and observations, the result of much industrious inquiry among physicians and others, in regard to animal magnetism. He has now produced a revised edition, considerably enlarged by what he considers new facts. The design of Deleuze was to

keep Mesmerism in the hands of the profession, and his object has been favored throughout the appendix, for the translator has some apprehensions that physicians will not duly appreciate the importance of rescuing the subject from the constrictor embrace of ignorant pretenders. Mr. Hartshorn says, so far as he is able to judge, people are inclined to try its remedial effects, whenever recommended by proper authority.

The translator is an honest man—a gentleman for whom we entertain a high personal regard; and because his claims are based on genuine worth of character, whatever comes from his pen will receive respectful consideration. We shall not attempt, however, to conceal our views of animal magnetism, or the impostors and vagabonds who are its principal advocates and expounders in New England. It amounts almost to degradation to be identified with the practice as served up before gaping crowds of ignoramuses, throughout the length and breadth of the country. Those who were disposed, at one time, to pursue a philosophical inquiry, and show its truths, if it had any, were disgusted, and gave up in utter despair. It is the handy engine of unprincipled, lazy, knavish, ignorant, travelling nuisances, who pick up pennies by it, because they can do it more easily than by any regular, honest employment. Without wishing to provoke a controversy with those whose organ of credulity is larger than our own, we cheerfully recommend to them this translation, with a hope that it will correct some of their errors of judgment, and conduce to the promotion of inductive science.

Medical College of Richmond, Va.—Jeffries Wyman, M.D., of this city, has received the appointment of Professor of Anatomy and Physiology in this flourishing institution. The lectures commence about the first of November, and continue, it is said, three months.

Columbian College.—Benjamin Hallowell, Esq., a distinguished chemist, late of Alexandria, D. C., has been appointed Professor of Chemistry in the Medical Department of Columbian College, Washington city, in the place of the late Dr. Hall. He is an able lecturer, and a gentleman of very extensive scientific attainments.

Officers of the Bennington Co. (Vt.) Medical Society, for the Year 1843-4:—Herman Tucker, *President*.

F. B. Morgan, *Vice President*.

John Cooke, *Secretary*.

F. Johnson, *Corresponding Secretary*.

Amariah Benson, *Treasurer*.

Censors.—F. Johnson, A. Lock, J. Cooke.

Librarian.—Luther Mosley.

Delegates to State Medical Society.—F. B. Morgan, L. Mosley.

Boston Medical Police.—A pamphlet, containing the rules and regulations of the Boston Medical Association, was distributed last week, comprising a correct catalogue of members, from its formation in 1806 to June, 1843—321 in all. Of these, 73 have died; 18 left the practice;

101 left the city. Of this latter number, many have since died. The profession, however, is constantly on the increase in this and all other large towns and cities—wholly beyond the wants of the public.

Medical Staff of the Navy.—A letter is published in the Journal to-day, which sets forth the grievances and degradations of Assistant Surgeons of the U. S. Navy. Some remedy should be devised for bettering their condition on shipboard; this is certainly required as an act of justice. It will be difficult, by and by, to find candidates for that service, if they are not even respected by their inferiors.

Management of the Insane.—The reader is referred to an article commencing at page 133 in to-day's Journal, on a subject of much importance—too long to have place in the editorial department of the Journal, where, perhaps, it legitimately belongs.

Medical Miscellany.—Assistant Surgeon Dr. Marius Duvall, has gone out in the U. S. Schooner Phœnix, bound to the Pacific Ocean.—A negro woman, nearly 50, belonging to a Creole family in the Parish of St. Landry, Louisiana, has had thirty-five children. She was 20 when the first was born. She gave birth to twins five times, triplets three times, and has twenty children now living.—Dr. Richard Wayne, of Savannah, was shot at in the street, recently, and wounded, but is likely to recover.—Dr. Zina Pitcher, of Wayne, Michigan, has been nominated for Governor of that State.—Dr. Mott, of New York, has been elected an honorary member of the Royal Academy of Sciences of Belgium.—A tract has been written in England on the evils of late hours in business—its causes and its cures. The author had better begin with the British Parliament for his first patient.—An edition of Dr. Dickson's Fallacies of the Faculty, is published for the people. They understood them pretty well before.—A treatise on the treatment of pulmonary consumption with Naphtha, by John Hastings, M.D., seems to take better with the public than the naphtha is taken by his patients.—Mobile is unusually healthful for the season.

TO CORRESPONDENTS.—Professor Lindsly's paper on leucorrhœa has been received, and will have an insertion next week.

MARRIED.—At Sandwich, Dr. David T. Huckins to Miss Sarah F., daughter of Dr. C. White, all of S.

DIED.—At Peekskill, N. Y., Dr. Nehemiah Brush, 57.—At New Orleans, Dr. John Nichols.—At Stowe, Mass., Dr. Rand.—In the Parish of St. John, La., Dr. Thomas Norvell, post-master.

Number of deaths in Boston, for the week ending Sept. 16, 49.—Males, 30—Females, 19. Stillborn, 3. Of consumption, 7—dysentery, 4—cholera infantum, 4—bowel complaint, 3—dropsy on the brain, 2—hooping cough, 1—croup, 1—inflammation of the lungs, 2—infantile, 1—old age, 3—accidental, 1—erysipelas, 1—lung fever, 2—teething, 1—suffocation, 1—marasmus, 3—inflammation of the brain, 1—cholera morbus, 1—palsy, 1—epilepsy, 1—apoplexy, 1—fever, 1—measles, 1—congestion of the brain, 1—influenza, 1—child-bed, 1—canker, 1—unknown, 1.
Under 5 years, 27—between 5 and 20 years, 5—between 20 and 60 years, 13—over 60 years, 4.

Man a Ruminating Animal.—"I knew, many years ago (says Sir H. Marsh, who recounts several similar cases also), a remarkable example of rumination in a gentleman who was a clerk in a bank. He enjoyed good health, lived at his desk, took but little exercise, and dined hurriedly, scarcely allowing himself time to masticate his food. Soon after dinner, portions of food, with little or no effort on his part, ascended into his mouth, were re-masticated and again swallowed. In this manner, according to his own account, the whole of the food he had taken underwent this secondary process. It was a source of much enjoyment to him, and he prided himself upon the possession of this novel, but not very enviable, capability."

"Ill blows the wind that profits nobody,"

says Shakspeare, and we have an illustration of its truth in this—that to the above kind of affection we are likely to be indirectly indebted for a useful scientific work. Sir Henry Marsh enumerates, among other cases, that of a physician in extensive practice in a large rural district in Ireland, but who, having become subject to this regurgitation, had determined to seek recovery in absence from professional labors. He is now travelling about from place to place in quest of health, and having resolved to visit and examine every remarkable spa in Ireland, there is reason to expect that a valuable work will grow out of this tour of health, by Dr. A. K.

"This form of disease is generally traceable to long-continued mental anxieties; to over-thoughtful, studious, sedentary, and solitary habits; to the swallowing of food hastily without sufficient mastication and insalivation; to the utter neglect of the two most excellent promoters of healthy digestion—cheerful society, and full, free, enjoyable muscular exercise. . . . I have generally found it useful to advise for the patient the recumbent position for an hour or more after each meal; to eat slowly, and to masticate well the food; to eat less than the appetite demands; and to be abstinent in the proportion of fluids, so as to avoid distension of the stomach."—*Sir Henry Marsh on Regurgitation, Dublin Journal.*

Muriate of Quinine.—The ordinary mode of obtaining this salt has hitherto been by decomposing the sulphate of quinine by muriate of baryta, but Signor Pagani, an Italian chemist, has lately found means to procure it by the aid of a substance destitute of the poisonous quality of a barytic salt. He dissolves one part by weight of neutral sulphate of quinia in 9 parts of boiling alcohol, sp. gr. 8.850. To this he adds another solution of three parts of dry common salt in 18 parts of hot water, and boils the whole. On adding now 20 parts of water, crystals of muriate of quinine are found thrown down, and additional crystals, in all making a quantity nearly equal to that of the sulphate employed, are obtained by the distillation and evaporation of the mother liquid, by which process, also, the alcohol previously employed is re-obtained. The muriate formed in this way is white and transparent, more readily soluble than the sulphate in both water and alcohol, neutral, and its solution is not rendered turbid by the addition of muriate of baryta. A muriate of quinia is also procured by boiling one part by weight of sulphate of quinine with 40 parts of water, and 3 parts of chloride of sodium in 18 parts of water, then mixing and evaporating these solutions. The salt thus obtained differs from the foregoing in being in lenticular and compact (dull?) crystals, instead of needle-shaped and iridescent ones, such as those produced by the first-detailed process.—*Giorn. per Serv. ai Progressi, &c.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, SEPTEMBER 27, 1843.

No. 8.

EXTRACTS FROM A MONOGRAPH ON LEUCORRHOEA.

By Harvey Lindely, M.D., Professor of Obstetric Medicine in the Columbian College,
Washington City.

THE term "leucorrhœa" is applied by most modern authors to a whitish or yellowish discharge from the vagina, whether the secretion actually takes place from its lining membrane or from that of the uterus; and as a diagnosis between the two varieties of the disease is somewhat difficult, and their general modes of treatment somewhat similar, many authors, and probably most practitioners, do not regard the distinction at all, but are content with describing and treating the two diseases under one general term.

It is unquestionably of much importance, in most if not in all cases of leucorrhœa, to be able to decide to which of these varieties the particular example under our care belongs, because the two organs (uterus and vagina) differ not a little in their functional peculiarities and their sympathetic connections, and therefore our remedial measures must be modified accordingly. I am of opinion, with Churchill, though many modern authors of skill and experience think differently, that the diagnosis, by care and observation, can generally be made out.

Leucorrhœa which has its seat in the uterus, may be distinguished from vaginal, by the peculiar circumstances attending its appearance—as, for example, when it occurs immediately or soon after abortion or delivery; by its taking the place of the regular menstrual discharge; by its greater violence and more general effect on the constitution; by the quantity of the discharge being increased after the catamenia cease, or just before they commence; by its gradually encroaching upon the performance of that function, causing the flow to be less copious in quantity and less regular in its return; and when it occurs in young females, where nature seems to be making an effort to bring on the catamenia. Whenever, therefore, any, or several of these circumstances are noticed in connection with leucorrhœa, we may with much reason conclude that the mucous coat of the uterus is diseased, although perhaps it would be going too far, in the present state of our pathological knowledge, to say positively that the vagina was not also implicated.

Considerable difficulty may also be anticipated in the attempt to dis-

tinguish leucorrhœa (either vaginal or uterine) from gonorrhœa. For notwithstanding Dr. Good contends that this can happen only to "novices," I believe there are very few physicians of the present day, who have enjoyed considerable opportunities for observing these diseases, who will not only admit the great uncertainty of all the usual diagnostic marks, but the occasional impossibility of deciding between them. Dr. G.'s idea that we can distinguish gonorrhœa by the local irritation extending to the meatus urinarius, producing distressing pain in making water, and that these symptoms are not to be found in leucorrhœa, is notoriously erroneous; and one is tempted to think that this assertion is only one of the many instances in medical literature where dicta are put forth with all the solemnity of *ex cathedra* authority, although unsupported by a single correct clinical observation. Ardor urinæ is unquestionably by no means an uncommon symptom in leucorrhœa.

De Graaf de mulin. organ. p. 140, supposes that we may distinguish fluor albus from blenorrhœa by the respective localities of their sources; the former deriving its origin from the uterus, and the other being exclusively produced by a morbid secretion from the surfaces which form or are immediately within the genital cavity—as those of the external orifice of the vagina, of the external orifice of the urethra, of the clitoris, nymphæ, &c. No reliance, however, can be placed on this mode of diagnosis, even in uterine leucorrhœa, and it evidently can have no application to those numerous cases where the vagina alone is the seat of disease.

Baglivi, on the other hand, proposes, as a principle of diagnosis in these cases, the assumed fact, that the leucorrhœal discharge ceases during menstruation, and *vice versa*: but the more accurate observations of modern surgeons and pathologists have ascertained that this hypothesis is wholly without foundation.

On the whole, the diagnosis from gonorrhœa is extremely difficult. Sir C. M. Clarke considers it impossible. According to Ricord, however, there are some cases in which all doubt may be removed by an examination with the speculum. Whenever the peculiar erosions or superficial ulcers of the mucous membrane covering the cervix uteri, and which, according to that experienced author, occur in 19 out of 20 acute cases, are discovered, there can be no hesitation in pronouncing the disease to be gonorrhœa. Ricord also asserts that the discharge from the urethra, though it does occasionally occur, is much less frequent in leucorrhœa than in gonorrhœa. Out of 200 cases of the latter kind, he states that 8 in every 12 had the urethra so affected (p. 18). The moral character, too, of the patient, and of her husband, if married, will be an important element in enabling us to form an accurate diagnosis.

In connection with this part of the subject, the interesting and important question presents itself—is leucorrhœa communicable to the husband by conjugal intercourse? I have not the least hesitation in answering this question in the affirmative, and I think it very important that every practitioner should have clear and correct ideas on this subject, as he will thus be enabled, not unfrequently, if his practice be extensive, to put an end to domestic suspicions and bickerings—which if unallayed

and inexplicable might destroy forever the peace of the most respectable families. I have known several striking cases, where the wife has been afflicted with leucorrhœa, and the husband has been seized with all the symptoms of violent gonorrhœa, and yet, when from the character of the parties I could not for a moment entertain the least suspicion of the incontinence of either. In two instances in married couples of the highest standing, and of the utmost purity of character, both the husband and wife were alternately afflicted for several years with a discharge resembling leucorrhœa; sometimes one and sometimes the other would be attacked first, but in every case both were sure to be afflicted with it in the course of a few days.

Treatment.—After having paid no little attention to the subject, and having frequently experimented in relation to it, I am constrained to consider Churchill's distinction between the effects of astringent injections in vaginal and uterine leucorrhœa, as founded in reason and nature, though I believe that more exceptions than he seems disposed to admit will be found to occur in its application. He contends that astringent injections in vaginal leucorrhœa are extremely successful; while the case in uterine leucorrhœa is very different—that in this latter species, if not positively injurious, they are at least inefficient and never do any good. He asserts, that in some instances he has known them to cause great irritation, with menorrhagia and an aggravation of the local distress.

I make it, therefore, an invariable rule in prescribing for leucorrhœa, to endeavor, in the first place, to satisfy my mind as to the particular species the patient is laboring under—and whenever any obscurity exists as to the diagnosis, to be very cautious as to the prescription of astringent injections, and to watch very narrowly their effects, in order to suspend them immediately if any untoward symptoms occur.

With the exception of astringent injections, the treatment of both forms of leucorrhœa is quite similar. Whenever we are called in early and there are indications of acute inflammation of the lining membrane of the vagina or uterus, the usual means to combat and relieve this state of the system must be resorted to—viz., depletion by venesection, leeching the vulva, or os uteri if practicable; free purging; diaphoretics; fomentations on the hypogastric region; rest, in a horizontal position; abstemious diet; hip bath. Some or all of these remedies, judiciously directed, will generally in a short time control the inflammatory symptoms, diminish or entirely subdue the pain, and either cure the disease (which not unfrequently happens) or prepare the system for further remedial measures. A great variety of these have at different times been offered to the profession, and each in its turn has had many enthusiastic admirers who have prescribed their favorite remedy on all occasions, in every form of the disease, and in every species of constitution—and, of course, have frequently met with disappointments and failed in their attempts, as will always be the case when remedies are indiscriminately applied.

There can, I am confident, be no doubt that many, perhaps I might say, with entire truth, that most cases of vaginal leucorrhœa can be cured—after using the proper depletory means as above indicated if necessary

—by various astringent solutions thrown up the vagina by a syringe conveniently constructed for the purpose. Those that I have found most efficient, and which therefore I most frequently make use of, are the following, which I place in the order in which I prefer them—viz., acetate of zinc (gr. v. to water ℥ j.); sulphate of copper (gr. xxv. to water ℥ viij.); borax (℥ ss. to flax seed tea ℥ viij.); decoction of oak bark; alum (℥ j. to water ℥ vj.); sulphate of zinc (℥ j. to water ℥ iv.); hydriodate of iron (℥ ij. to a pint of water)—(this answers admirably in many cases). The nitrate of silver I have seldom employed, and have never been satisfied with its effects. Particular directions should be given by the practitioner as to the kind of syringe to be employed, its being in proper order, &c. The patient should be in a recumbent posture during its administration; the injections at first should be tepid, gradually reducing the temperature; they should be administered about twice a day on the average; in irritable constitutions, it would be prudent to commence with them weaker than the above formulæ, and afterwards increasing their strength if necessary; and in most cases, it will be found useful to inject a syringe or two full of soap suds previous to employing the remedy—this promotes cleanliness and allows the medicine full opportunity to exert its influence upon the inflamed surface. Too much attention, indeed, cannot be paid to the subject of cleanliness, during the whole treatment of leucorrhœa, for without the strictest care upon this point, our remedial measures will be deprived of much of their efficacy. Frequent washing, therefore, of the external parts with warm water, should be sedulously enjoined in addition to syringing the vagina with soap suds.

The preceding directions are particularly applicable to vaginal leucorrhœa; while in the uterine species, the treatment would be somewhat different, at least so far as astringent injections are concerned: for these, as I have already remarked, are more apt to be injurious than beneficial in the latter form of this complaint. Sometimes the two forms are combined in the same case, indicated by a combination of the symptoms peculiar to each. In this case, we should prescribe for the uterine fluor albus first, and when the severity of its symptoms are alleviated, we may then with safety and advantage resort to the course just pointed out for the cure of the vaginal leucorrhœa.

The first indication to be attempted for the relief of the uterine form of the complaint, is the reduction of the inflammatory symptoms, by the usual antiphlogistic course. In mild cases, entire rest, abstinence, tepid and cold ablutions, and a moderately active purge, will be amply sufficient for this purpose. In instances of greater severity, general or local blood-letting (leeches to vulva, groins or perineum, or cups to the same), active purging and fomentations, may be required.

Among the internal remedies, emetics have often been prescribed, though I never could bring myself to direct them, except when rendered necessary by the disordered state of the stomach, and then only upon general principles, without placing any dependence upon their peculiar efficacy in this complaint.

The use of the tincture of cantharides, as a remedy for leucorrhœa and

other diseased states of the female organs of generation, was first urged on the profession by Dr. John Robertson, of Edinburgh, in 1806, in his work entitled "Practical Treatise on the Powers of Cantharides when used internally." This article being earnestly recommended by Dr. R. and some of his professional friends, attained very soon considerable reputation in Great Britain; though I believe it has never been so much employed or so much confided in there, as it has in this country, where the example and recommendation of Professor Dewees have been instrumental in giving it much greater currency than it would in all probability have otherwise attained, or than its intrinsic virtues merited. This plan, after having prepared the system by bleeding (if necessary), by purging, confining the patient to a milk and vegetable diet, is to give thirty drops of the tincture of cantharides every morning, noon and evening, in a little sweetened water, increasing the dose, every third day, five drops, until strangury is produced, unless the disease is arrested, which is not unfrequently the case, before this symptom appears. Should the complaint withstand the first strangury, he re-commences the tincture at the original dose of thirty drops, and increases it as before, until a difficulty in passing urine is again experienced—and so on, to a third and even fourth strangury, should the disease prove obstinate and unyielding.

I consider the indiscriminate and almost universal employment of this article in cases of leucorrhœa by Dr. Dewees, as the greatest practical error contained in his really valuable publications. I have used it in a great number of cases and in every variety of constitution—and after having thus given it a thorough and impartial trial, I feel constrained to say that its virtues and efficacy have been vastly overrated, and that in a great majority of cases there are other means of cure more safe, more speedy, and more effectual. There are at least three strong objections to the general and indiscriminate employment of cantharides in leucorrhœa.

1st. There are a great many cases that can be cured by other remedies in a much shorter time than by this.

2d. The strangury,* which cantharides must produce, as a general rule, in order to prove beneficial, is always unpleasant, and sometimes most acutely painful.

3d. There are a great many instances where this medicine will not effect a cure at all; and as it takes a long period to ascertain this fact, a great deal of time is thus unnecessarily wasted, and a great deal of suffering unavoidably inflicted.

For these reasons, I have for some time past relinquished the use of cantharides entirely in the incipient stages of leucorrhœa, and resort to it only in chronic cases, or when other remedies have failed. Thus employed, it is undoubtedly a valuable article and well worthy the notice of the profession.

The balsam of copaiba is a favorite remedy with some members of the

* I have repeatedly seen the most distressing symptoms accompany the strangury in nervous and delicate females (and these are the very persons most liable to leucorrhœa), even when prescribed in the most cautious manner. And in more than one instance, I have witnessed a most violent strangury caused by a single dose of the tincture.

profession; and after very extensive trials of it, I am induced to consider it one of the most effectual means in our power for controlling this discharge; and indeed, were it not for its nauseous taste and smell, and its consequent effects in deranging the alimentary canal, I believe we should hardly require any other internal remedy. These disagreeable results are in a considerable measure, to be sure, prevented by the employment of the copaiba in capsules, as now manufactured in Paris. This is an excellent and efficient mode of administering the article, as the capsules are entirely tasteless and almost inodorous; but unfortunately the high price, at which they are sold, puts them out of the reach of many of our patients—and the more so, as a great many are required to effect a cure. I usually direct two or three of the capsules daily at first, gradually increasing the number to five or six. In almost all cases, it is necessary, or at least advisable, to use some of the depletory measures indicated in the former part of this article, to prepare the system for the administration of the copaiba.

The preardations of iron I have often found useful adjuvants in cases of considerable constitutional debility. The sulphate and carbonate are the preparations I principally resort to. These are unquestionably among the most valuable remedies we possess in those cases where the class of chalybeates is indicated. They frequently require a long-continued employment to exhibit their full efficacy. I usually direct them in the first instance for a few days, in combination with rhubarb and the blue mass, and afterwards with rhubarb alone or the Venice turpentine.

I have also much confidence in iodine and its various combinations, in chronic cases of leucorrhœa. The following formula I frequently prescribe:—R. Hydriod. ferri, ʒ ij. ; spt. vin. rectif., aquæ pur., aa ʒ ij. M. ; of which I direct a drachm two or three times a day.

The plan of cleaning out the vagina every day with a detergent wash, as soap suds, a weak solution of the sugar of lead, &c., and then systematically plugging it with lint or cotton in order to keep the diseased lips of the womb and vagina separate, I have tried; but with such unfavorable results in every instance that I have been induced to relinquish the practice almost entirely, and am convinced that there are very few cases in private practice where it is advisable.

The uva ursi and the buchu in infusion have been highly recommended by some authors. They seem to me, however, to be of little use, except in relieving the irritation about the neck of the bladder and the pain in passing water, which it is well known are occasional attendants upon leucorrhœa.

The cicuta, conium maculatum, was introduced to the notice of the profession by Baron Storck, of Vienna, who published, in 1769, an interesting treatise intended to recommend this article for the cure of leucorrhœa; and illustrated his theory by a great number of striking cases, in which the cicuta seemed to perform very wonderful cures. This remedy, in consequence of Storck's powerful recommendation, was very extensively employed throughout Europe; but as it fell very far short, in

the hands of other practitioners, of effecting what it was said to have done in those of the original projector, it has been very strongly suspected that implicit reliance cannot be placed in the accuracy of his statements. *Cicuta* has accordingly, and I have no doubt deservedly, lost most of its reputation as a remedy for *leucorrhœa*.

Colchicum, *eilecampane*, *cubebæ* and *ergot*, have also been recommended at different times as means to control this discharge; but as I have never used them but in one or two instances, I can say nothing in their favor.

Blisters applied over the pubes, on the back or the inside of the thighs, will be found remedies of great efficacy in some cases of unusual obstinacy, and which have resisted all the usual means of cure. I have in several instances been most agreeably disappointed in the prompt relief afforded by these applications, where all the ordinary remedies had been tried without effect, and where the patients were just ready to relinquish all further attempts in despair. On the other hand, however, I have repeatedly found them inefficient, and in a few rare cases they have even proved injurious, increasing the amount of the discharge and the irritability of the system. Sometimes I have applied them a second and even a third time in succession, with only partial relief in the first instance, and yet with complete success in the end.

The profession, as a body, is exceedingly empirical in the treatment of *leucorrhœa*. This undoubtedly is partly owing to the obstinate character of the disease, and partly, I think, to the want of due discrimination and care in inquiring into the causes of the attack, and the peculiarities of the constitution, and a want of sufficient minuteness in observing the effects of remedies—and particularly in ascertaining when a depletory and when a tonic course of treatment should be pursued. All these various points of inquiry and observation should be most sedulously kept before the physician's mind in treating a case of *leucorrhœa*.

In the first place, let him examine into the cause of the attack, and remove it, if possible. If it arise from prostitution, from tumors, ulcers or polypi, from pregnancy, from *ascarides* in the rectum, from deranged menstruation, from prolapsus of the uterus, from the use of pessaries, from the want of due attention to cleanliness, from a meagre and unwholesome diet, from sedentary habits, &c. &c., in all these cases it is obvious that attention should first be paid to the exciting cause, and that as far as practicable it should be removed, and when this cannot be done, that its injurious effects should be counteracted by appropriate treatment.

Perhaps more nicety of tact and accuracy of discrimination are required to enable us to decide with certainty and precision when to deplete and when to stimulate, than in settling any other question in the management of this disease. That a tonic course of treatment is often necessary, no observing physician will deny; and this may consist of various items—of frequent exercise in the open air, particularly in riding in a carriage and on horseback, and even in walking when the other modes are not convenient—of a nutritious, easily digestible and plentiful diet, accompanied occasionally, though rarely, by wine—of various remedies which have

a direct tendency to increase the strength of the system, give tone to the stomach, and force to the muscular fibre, as, for example, the whole class of vegetable bitters, and more especially the chalybeates—of a change of air and climate—and, finally, by a resort to the sea-coast and the luxury of sea-bathing.

By a judicious and persevering employment of these various remedies—carefully adapting our course to the peculiarities of the case and the idiosyncrasies of the constitution—I am satisfied that almost every patient laboring under leucorrhœa could eventually be restored to perfect health, provided no serious organic disease present an insuperable obstacle to our success.

The following are some of the works which may be consulted on leucorrhœa.

Rolfinck (Guernerus), *Dissertatio de fluore albo mulierum*, in 4to., Jenæ, 1661.

Wedel (Georg. Wolfg.), *Dissertatio de fluore albo*, in 4to., Jenæ, 1682.

Ves-ti (Jus-tus) *Dissertatio de fluore albo*, in 4to., Erfordæ, 1697.

Bonet (Theophilus), *Sepulcretum*, lib. iij. serm. 31, obs. 6.

Juch. *Dissertatio sistens virginem fluore albo benigno laborantem*, in 4to., Erfordæ, 1730.

— *Dissertatio de fluore albo*, in 4to., Erfordæ, 1731.

Luther, *Dissertatio de fluoris albi indole et cura*, in 4to., Jenæ, 1739.

Kaltschnied, *Dissertatio de fluore albo benigno*, in 4to., Jenæ, 1739.

Allen, *Dissertatio de fluoris albi caractere, et notis quibus cum gonorrhœa convenit vel differt*, in 4to., Lugdunm Batavorum, 1751.

Juncken (Joann.), *Dissertatio de fluore albo, titulo et ortu benigno, curatione autem sæpè maligna*, in 4to., Halæ, 1752.

Morgagni, *De sedibus et causis morborum*. Epis. 47.

Raulin, *Traité des fleurs blanches*, Paris, 1766.

Van Der Hest, *Dissertatio de Leucorrhœa*, 1771.

Bœlmer, *Dissertatio sistens leucorrhœa pathologiam*, 1798.

Heilman, *Dissertatio Leucorrhœa, seu fluor albus*, 1799.

Freyer, *Dissertatio de Leucorrhœa, seu fluore albo*, 1799.

Swediam on Syphilis.

Blatin (J. B.) *Du catarrhe utérin ou des fleurs blanches*, Paris, 1801.

Mémoires de la Société Medic. d'Emulat. tom. iij.

Med. and Surg. Journal, Edinburgh, Vol. V., p. 176.

Journal de Medecine, Vol. XIX., p. 260.

Recueil Periodique, Vol. XIV., p. 77.

Journal Générale de Med., tom. XXXI., p. 378.

Mémoires de la Soc. Méd. d'Emulat., tom. II., p. 1.

Transactions of College of Physicians, London, Vol. V., p. 23.

Ephemerid. Germanic. Decad. —

Duncan's *Medical Commentaries*, Vol. VII., p. 364.

Dewees's *Diseases of Females*.

Churchill's *do. do.*

Blundell, Davis, Gooch, &c. &c., *Systems of Midwifery*.

WOUNDING THE BRACHIAL ARTERY IN VENESESECTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following communication be of any value, please give it a place in your Journal; if not, throw it into the fire.

It happens sometimes, that, in venesection, the brachial artery is wounded—rather a serious matter, by the way, and one likely to cost the perpetrator not a few anxious cogitations. It is for the benefit of any one who may meet with such an accident, that the following communication is submitted. In attendance on a patient, I exposed and ligatured the arm as usual. *There were a number of scars over the vessel*; it was very distinct, superficial, and no pulsation perceptible. My sensations may be supposed, when the blood commenced flowing from the orifice *per saltum*. Its bright scarlet color confirmed my fears. It was of no use to indulge in vain speculations as to how an artery instead of the vein had been opened; there it was before me in its reality. I allowed what blood I considered necessary to flow, and bound up the arm. But hemorrhage persisted, and it was only by using a graduated compress, rather tightly applied, that it was arrested. Not to enter on a history of my anxieties, which would not be much to the purpose, let me say that in five days I removed the bandage and all looked well. I had a very faint hope that the arterial orifice was closed; but, alas! next day appeared a slight discoloration of the skin a few inches above the cicatrix. It happened that I did not see the patient for several days, and then the discoloration had extended to the size of about four inches square, and was a deep purple, almost black. No time was to be lost. I immediately went home and prepared the following simple apparatus. I took a bit of thick sheep-skin, size of a twenty-five-cent piece, made a hole in the centre about three eighths of an inch in length and one fourth in width. This I spread with adhesive plaster, and secured it to the arm so that the opening in the leather corresponded to the cicatrix of the wound. In this opening I laid a common white bean; its shape and polished surface suggested to me its adaptation to make the requisite pressure without injury to the skin. I covered the whole with adhesive plaster, accurately applying a graduated compress three-fourths of an inch in thickness, and then retaining the bean in its proper place, bound up the arm with a succession of rollers spread with plaster, so that when they were applied the arm was almost immovable, at the elbow-joint. There was a small part of the extravasation still visible, so that I had an opportunity of ascertaining without removing the bandage whether my application would command the hemorrhage, as, if so, absorption would remove the effusion. The pleasure of finding that this was the case was very gratifying. But now arose a problem somewhat difficult of solution; namely—would a continuation of this treatment effect a permanent cure? and if so, under favorable circumstances, what length of time would it require? The compression was such that the further extravasation of blood was arrested, while at the same time perfect freedom was afforded to the current flowing through the artery. This was evident from the distinct

pulsation at the wrist. I have only to add further, that after some misgivings, the bandage was removed in forty-two days from the time of its application. Everything was found perfectly well, with the exception of a small ulcer caused by a fold of the skin which got pinched by the bandage. This, however, got well in a few days. It is now twelve weeks since the accident, and the presumption is that the cure is permanent.

One or two corollaries, and I have done. It is not necessary to produce obliteration of the vessel to effect a cure. Cases where compression was continued much longer and much greater, and yet failed, may not have succeeded because of this very circumstance. Again, *severe* compression is *not* necessary. The radial artery pulsated distinctly all the time, and in fact the compression was never such as to interrupt the return of the blood from the limb or produce swelling. The patient sewed a good deal during the time the arm was bandaged. Yours truly,
Bradford, Vt., Sept. 10, 1843. H. HAYES.

HOMŒOPATHIC EXPERIMENTS.

By M. Andral.—(From the *Bulletin Generale Therapeutique*, May, 1834.)

M. ANDRAL, at the Hopital de la Pitié, has been putting to the test of experiment the homœopathic doctrine since November. These experiments are not yet concluded, but we shall give the results as far as they go, which are quite conclusive against the views of Hahnemann. M. Andral treated the patients submitted to homœopathia strictly in accordance with Hahnemann's principles. The symptoms were combated by medicines, the special properties of which were pointed out by the German physician, and which, to insure the greatest exactness, were made up at the establishment of Guihouart, to which the homœopathic physicians send their patients. The regimen was carefully watched, and was altogether in accordance with that recommended by Hahnemann. It was composed of broth without salt or vegetables, of paps or of milk potages, and when the patients could eat, they were allowed bread and wine, meat which had served to make broth, and roast, rarely fish. Vegetables were never given to them, nor was any of their food seasoned. For drink they had sugar and water. During the treatment all external medication was interdicted. It is impossible, with all these precautions, not to have sufficient *data* to judge of the doctrine, especially when the facts are so numerous, and the physician so acute. The facts were collected with the most minute attention by M. Vernois, one of the *internes*.

In 54 applications of the homœopathic treatment, 8 patients alone derived any benefit, which continued without the use of any other plan of treatment, and 46 were as bad some days after the administration of the globules as before. It ought, however, to be mentioned that the state of 7 of them was slightly ameliorated on the morning after they took the medicine. But what were these cases? The first was a case of intercurrent pain, which had existed for some days; the second was a case of

angina; the third, one of rheumatic pains; the fourth, intercurrent cephalalgia in a phthisical patient; the fifth was a case of stunning in a man subject to cerebral congestion; the sixth, a case of diarrhœa following constipation; the seventh, one of rheumatism at the 18th day; and eighth, a case of slight pain, which came on during chronic *gastro-enteritis*.

The medicines employed by M. Andral, were *aconitum*, *arnica*, *belladonna*, briony, camphor, camomile, *colchicum*, *ipecacuanha*, *hyoscyamus*, *opium*, soluble mercury, *nux vomica*, metallic lead, *pulsatilla nigricans*, and tin.

From the month of January M. Andral treated 35 patients on homœopathic principles. Of these, 18 were men, and 17 women. Five were submitted to the *aconitum*, four to the *arnica*, five to *belladonna*, five to briony, one to camomile, three to *colchicum*, three to *hyoscyamus*, one to *opium*, two to soluble mercury, three to *nux vomica*, one to lead, and two to the *pulsatilla nigricans*. We throw the results, &c., into a table. [Here follow 35 cases, with the names of the substances used, the diseases, predominant symptoms, effects, &c., in none of which, save five, was there any relief.] From the above facts, it would appear that the homœopathic plan of treating diseases is totally inert, and can be useful only as a *placebo* to hypochondriacs and nervous women, by relieving them from swallowing the manifold drugs with which they think it their duty to burden their stomachs.—*Edin. Med. and Surg. Jour.*

MODIFICATION OF DR. ARNOTT'S HYDROSTATIC BED.

By H. Ogden, M.D., Sunderland.

I BEG to transmit to you a description of a modification of Dr. Arnott's hydrostatic bed, which I think will be found more convenient than those now in use.

A bed-frame is prepared, with feet, sides and ends, similar to those of ordinary beds. At three or four inches within the side bars two others are placed parallel to them, leaving in the centre an open space at least two feet broad. A sheet of strong canvass is stretched over the whole, and laced with a cord to the ends and external lateral bars, sufficiently slack to allow the part between the two internal bars to be depressed nine inches in the centre, and only two or three inches at each end. In the cavity of this depression is placed a sack of water-tight Macintosh cloth, large enough to allow the introduction of twenty or thirty gallons of water, without producing any tension; it must remain perfectly flaccid. The sack which I use is six feet long by three feet wide, with a narrow neck about a foot long; but it is larger than is absolutely necessary. The neck is brought through the foot-board of the bed, to the outside, where water is introduced; sufficient being employed to fill the sack to within half or three fourths of an inch of the level of the frame of the bed. The apparatus now presents the appearance of a nearly level surface, consisting of two lateral planes, rigid and tense, and one central plane of

the greatest possible softness. A thin mattress ($1\frac{1}{2}$ to 2 inches thick) and bed-clothes now being laid on this surface, the bed is ready for use.

The advantages of this bed over those hitherto in use are as follow :

First and chiefly, much greater facility of ventilation. Ten years ago I had one constructed on Dr. Arnott's plan, and have had frequent opportunities, during that time, of knowing the very great relief afforded by it, in the practice of several medical gentlemen who have used it, to persons in the last stages of illness, and also to some who have even ascribed their recovery to it. But there has generally been some difficulty in preventing the accumulation of condensed perspiration in the hollow of the trough upon the Macintosh cloth. This has been remedied to a certain extent by interposing between the mattress and the water a network of corks strung together, with the view of forming a stratum freely permeable to the air ; but the ventilation so obtained has seldom been perfect. In the bed which I now describe there is a smaller surface for the condensation of moisture, and there are no upright sides impeding ventilation. A small stratum of corks may be used, but even that is not always necessary ; and the most of the bed requires none at any time.

Second, superior portability. There being no metal work, nor wooden box to contain it, the whole is much lighter and more manageable—an object, however apparently trivial, always of some importance, especially in a sick chamber.

Third, less water is sufficient. The quantity can be reduced almost to the minimum which will float a man, by lacing the canvass proportionally tight. When the patient is large and heavy, more water is required to float him, and the lacing can be slackened accordingly.

Fourth, less expense. I do not know the price for which hydrostatic beds are made in London, but that which I have now described was only half the expense of the other made with the zinc trough.

There is no necessity to close the orifice by which water is admitted ; it requires simply to be turned upwards, and supported with a loose string, to prevent the water from flowing out by the movements of the patient : the undulations never exceed a few inches. For discharging the water when it is desired to remove the apparatus, a syphon is introduced at the orifice to the deepest part of the sack.

In pouring in the water, a quantity of air is liable to be carried along with it, which elevates the upper side of the sack, and accumulates there. Although more yielding even than water, it defeats the whole design, and forms salient and tense protuberances. It is easily discharged by drawing the arm with a little pressure over the surface of the sack from the bottom to the neck.—*London Medical Gazette.*

CHLORIDE OF LIME IN CANCEROUS BREAST.

By G. R. Rowe, M.D., F.S.A.

THAT one fact is worth a thousand theories, was never more fully manifested than in the following case :—

In February last I was requested to see an unmarried lady, aged 43, residing at Lambourn, in the county of Essex. She complained of pains in her stomach and side, general lassitude and debility; loss of appetite, restless nights, frightful dreams, parched mouth, and constant thirst; sinking sensation at the stomach, her bowels generally irregular, sometimes constipated, at others relaxed, with yeasty evacuations, and defective of bile; the urine muddy, dark-colored, and depositing a brownish sediment; skin dry and horny. The uterine functions had been irregular and unhealthy for the last two years; frequent discharges of blood from the rectum; great tenderness and hæmorrhoids. She was nervous and dejected; the pulse weak and feeble.

Reviewing, as I did, all these symptoms with interest and attention, I could not but conclude that this was a case of dyspepsia in its aggravated form and character, and therefore directed my remedies in the most careful manner, commencing with the fullest depletion of the stomach and bowels. I afterwards ascertained that she had been suffering from pains in the right arm-pit and breast, and on examination was shocked to find a considerable glandular swelling in the axilla, and a large tumor in the breast, of a most decided cancerous character. Ulceration had commenced round the nipple, and although she had perceived the induration gradually enlarging for two years previously, yet had never disclosed this to her family. The communication, as may be imagined, was most painful. Happily operations are not now deemed advisable, for I believe that any increased excitement would only have superinduced increased morbid action, for its malignant character could not be mistaken. However, I persevered in the plan that I first suggested, which was to regulate the functions of the digestive organs by a mild alterative mode of treatment, with strict attention to a light nutritious diet, consisting of animal and farinaceous food.

The disease continued increasing, ulceration and sloughing were more extensive, including the nipple; and the centre of the breast became so hollow that the thumb might have been passed into the cavity; the surface of the wound was more unequal, and the edges were harder, more rugged, and painful, with a profuse discharge of a thin ichor, of so fœtid a character that every means were adopted to counteract it; the axillary glands became more enlarged and painful.

She remained in this deplorable condition until the beginning of May, persevering most rigidly in the plan of treatment prescribed, when, with a view of counteracting in an increased degree the rapid disorganization that manifested itself, and also of rendering her existence more tolerable, I directed a solution of chloride of lime to be immediately applied to the breast, and constantly repeated, together with warm bread and water poultices. The destruction of parts appeared checked. The discharge and fœtor became much diminished; healthy granulations gradually arose, and as her general health became more and more improved, which every week effected, the wound continued to heal, the pains and glandular swellings diminished, and at this time my patient is capable of taking exercise to an extent that previously fatigued her. Her dyspeptic symptoms

have vanished, and it is fair, I think, to infer that with attention to the management of her digestive functions, although carcinoma may not be exterminated from her system, yet that life may be prolonged, with all its enjoyments and comforts, and a formidable disease, distressing and painful in all its characteristics, be brought under the power and control of the medical art. This case also serves as a striking illustration of the potent effects of indigestion, for truly did the local disease become an index of the improved state of the digestive organs.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER 27, 1843.

Evils of Cigar Smoking.—Ever since European voyagers first copied the custom of smoking, which was then peculiar to the savages of America, it has been extensively practised in the old world. The inhabitants of whole nations, as Holland, Germany, Russia and Turkey, are addicted to it from youth to old age, without apparently suffering from the evils that are asserted to have their origin in this pernicious habit.

In all these countries, it should be remembered, the pipe is almost exclusively used. A pipe was the companion of the Indians of every tribe on the New Continent. The cigar is a modern invention, and gives rise to all the difficulties that are imputed to the vice of smoking. Dr. Liebig, the great chemist, whose authority is of the highest order, says that—*Smoking cigars is prejudicial to health, as much gaseous carbon is injuriously inhaled, that robs the system of its oxygen.* In consequence of being near the nostrils, the smoke is inhaled, and the shorter the cigar becomes, the more it increases the difficulty. Much, if not all, the danger to health, arises from the proximity of the burning tobacco, which is drawn directly into the lungs in large or small quantities, according to the adroitness of the smoker, the state of the air in the place where he is smoking, and other circumstances useless to mention. The nausea produced in new beginners, is from the inhalation of the smoke, however small the quantity. Now with a pipe, the operation of burning in the bowl is removed to a considerable distance, the smoke is not so much heated, and less constitutional detriment is incurred.

We have not much respect, however, for this argument—it has not even the merit of ingenuity, though it is very observable that persons who habitually smoke pipes have not such sallow, unhealthy-looking complexions as cigar smokers. This fact may by and by have a tendency to lessen the vast consumption of cigars all over the world, and bring back the use of the pipe, the primitive manner of luxuriating on tobacco.

Cigar smokers ruin their teeth by the constant contact of hot smoke, which gives them a bluish tinge, after a while, and brings on a disease of the membrane lining the sockets. This is not all; the essential oil of the tobacco, although volatilized, acts with direct force upon the enamel in the course of a few years.

There is no way in which the modern custom of cigar smoking can be followed, without essentially injuring the individual who practises it. Our climate is an unfavorable one for smoking, say those who assume to be wise on the subject; but if persons have so confirmed the habit that they cannot resist its bewitching influences, let them resort to a long pipe, and forever abandon the alluring, but destructive tendencies of a cigar.

Prevention of Hereditary Disease.—A certain Mr. Horatio Prater has promulgated a theory in regard to preventing the propagation of certain hereditary diseases, which is after this fashion:—For some years, or at all events, one year, previous to marriage, that kind of diet and that plan of life which has been ascertained to be most conducive to the palliation of his or her complaint, should be adopted. So it goes on, from one scheme to another, upon the supposition that the body is nearly if not wholly renovated once in about seven years. Why get married at all? The phrenologists have always contended that matrimonial alliances should not be made with persons having hereditary taints, of any kind; and Mr. Combe, bolder than all his predecessors, would have the civil law interpose a barrier to all proposed marriages between those having diseases which are transmissible from parent to child.

The Medical Times.—A weekly journal, with this title, of English and foreign medicine and medical affairs, is printed in London, in a quarto form, and has reached the eighth volume—a good evidence of the estimation in which it is held by medical readers. The circulation of the *Times* seems to be much more limited in this country than any other of the London journals; yet its claims to notice are equal to many having a far greater reputation. Most of the articles are plain statements of valuable facts, without any of that slang or vituperation, so essentially a characteristic of some of its cotemporaries. Notwithstanding the very large number of medical periodicals in the English and French language, in Europe, no works appear to be better sustained, or in a more flourishing condition. Usually they are sold by newsmen in the streets, like common newspapers.

Voluntary Wounds.—Dr. Whitman, of the missionary service, who at present resides with the Oregon Indians at Wailatpu, near Walla Walla, high up on the waters of Snake River, says that among the different modes of gaining influence on account of the supposed possession of supernatural power, was the following, which he relates:—A young man shot himself through the body last July, a year ago, in order to convince his countrymen of the strength of his supernatural protecting agent. The ball entered the abdomen a little to the right and left of the umbilicus, and came out by an oblique line above and near the spine on the same side. This occurred sixty miles from Dr. Whitman's house, at the Grand Round, and the third day he encamped near the doctor for the night. The next morning Dr. Whitman examined the wound. The patient was walking and making preparations to depart, and soon he rode off on horseback. This was the second trial of his strength, continues Dr.

Whitman, having shot himself through in much the same way about two years ago. His body was preserved from the flash by a leather shirt. He will hereafter be regarded as a strange mystery or medicine man, says the reporter. Such feats appear not to be uncommon; they sometimes scarcely appear conscious of the horrible wounds inflicted with perfect nonchalance on themselves. Deaths seldom occur from such trifles as balls, unless a large vessel is denuded and rent, so that a large volume of blood suddenly escapes.

A Visit to Grafenberg.—Some time in April or May last, the well-known Sir Charles Scudamore visited Grafenberg, from whence he returned with considerable faith in Priessnitz's water remedies for all maladies. It is quite probable, from the enthusiasm of this learned gentleman on the subject, that hydropathy is destined to have more believers than any other *pathy* now in vogue. England is beginning to furnish the very best class of patients, their faith in it being regulated by the square of the distance between London and the residence of Priessnitz, the modern water giant, who moves the nobility and fortunes of all Europe. Sir Charles met with such choice company, full in the faith, that he is too wise to run against the tide of fashionable belief, and hazard the risk of making himself odious, when the prospect is very flattering for his own reputation by joining the cavalcade of aquatarians. So he has seen excellent effects produced by water—scientifically taken. The vulgar mode of drinking when one is thirsty, or bathing at convenient hours or seasons, is not productive of such great results as are invariably realized by following a guinea prescription. There is no disguising the fact that hydropathy is to be the leading farce of the age.

Insurance on the Lives of Invalids.—Every device has been tried in England for making money, which is so exceedingly desirable an article for every body to have. The latest scheme, however, is that of raising an income on the precarious lives of persons broken down by disease, and is an extraordinary feature in refined civilization. The leading men in this unique institution are well known to the profession of this country. They are Sir Henry Halford, Bart., M.D., &c. &c. Sir William Burnett, M.D., F.R.S., &c. &c. Sir Matthew J. Tierney, Bart., M.D., &c. &c.

"This office is provided with very accurately constructed tables, by which it can assure *unsound* lives on equitable terms. The extra premium discontinued on restoration of the assured to permanent health. A portion of the extra premium may remain as a debt on the policy. Survivorship assurances, where the life in expectation suffers from disease, effected at cheaper rates than at any other office. Similar tables enable the Society to grant increased annuities on unsound lives—the amount varying with the particular disease. Members of consumptive families assured at equitable rates. Healthy lives are assured on lower terms than at most other offices. Policies of twelve months' standing are not affected by suicide, duelling, &c., and assigned policies are valid from the date of the policy, should death ensue from any of these causes."

With the shrewdness that characterizes our countrymen, it is really strange that some have not opened the same kind of office in New York

or Boston. It would be one of the very best plans ever adopted of making much out of nothing.

Treatment of Intermittent Fever in Tartary.—"We adopted the usual treatment of India, taking emetics and medicine," says Mr. Burn, and in his own case, followed them up with quinine, which had a happy effect. In three days his teeth ceased to chatter and his body to burn; but Dr. Gerard, his companion, who persisted in treating himself with calomel, *secundem artem*, was not so fortunate—his disease did not leave him till long after they had left the country. One of their fellow travelers, a merchant of Budukhsar, died on reaching Bukhara. Their stay was prolonged at Kurshee, three or four days, during which they lived in a garden under some trees and without any other shelter. The thermometer stood at 108 degrees, and they quenched a raging thirst with sherbet of cherries cooled by ice, which was to be had in great plenty in that sickly spot.

Cholera at Madura.—From a report in the Missionary Herald, detailing the condition of certain missionary localities at Madura, it is stated that the cholera had visited every station and most of the surrounding country. At many places, the last year, its ravages were dreadful, so that, with no limitation, they could say with the Psalmist—"Thousands fall by our side and tens of thousands at our right hand." Yet no plague, no death, occurred in the dwellings or very near those occupied by the missionaries. Persons in their employ, and children in their schools, remained wholly free from the disease, although constantly hovering upon their border. The mortality was believed to amount, in some places, to one twelfth of the whole population. Many large, flourishing families were entirely broken up, so that all that remains of them is one or two helpless orphans.

Condition of the Pelvic Joints after Parturition.—A middle-aged woman, says the Medical Times, who had died of flooding after delivery, was brought into the dissecting-room of Dr. Knox, of Edinburgh. The pelvis was of full dimensions. On examining the articulations, they were found to be all relaxed; the bones could be made to slide over one another. The obstetricians, to whom the case was shown, considered it to be produced either by putrefaction, or by pathological causes. However, since that event, Dr. Knox has had an opportunity of examining carefully the pelvis of five women of different ages, who had died soon after delivery; and having found in all of these a relaxation of the articulations of the pelvis to a greater or less extent, but always remarkable, he is inclined to look upon the process as a regular or healthy one, and not as the result of pathological action.

Effect of Menstruation on Lactation.—According to Dr. Raciborski, in a paper to the French Academy of Medicine, menstruation exerts no perceptible influence on the number or size of the globules in milk, and the milk continues to have an alkaline re-action throughout the whole period of menstruation. The only modification undergone by the milk during this

period is a diminution in the quantity of cream it contains, to which circumstance its blue tinge at the same time is ascribable. This modification neither appears to exert any influence disturbing the health of nurses, or to deteriorate the nourishment of the infants they may suckle; and in M. Raciborski's opinion, the act of menstruation does not render a wet nurse less eligible for her function.—*L'Experience*.

Incontinence of Urine.—For feeble and delicate patients M. Chabrely advises tar-water as an ordinary drink; and to persons of more bodily vigor, an infusion of camomile with syrup of Tolu, and pills of this balsam or that of Peru, pitch, styrax, or copaiba, with opium. Lavements of some of these substances are used, with a woollen bandage, so as to apply over the loins Tolu balsam in a concrete state; and frictions of the hypogastric and lumbar regions with an emulsion of turpentine spirit, white of egg and gum Arabic. Similar methods have been tried by M. Chabrely with advantage in whites, prolapsus uteri, &c.—*Ibid*.

Phlegmasia Dolens, or Bucnemia. By G. YEATES HUNTER, Surgeon.—I have read with pleasure your extract from the Paris journals upon the above very interesting malady; and, perhaps, you will allow me a corner in your widely-circulated hebdomadal publication to observe that I agree with the French, and may add, also, with some American and British practitioners, in opinion that it is not confined to parturient females alone, having myself seen two unquestionable cases in the male subject, each of which was successfully treated by calomel purges, saline antimonial mixtures, leeches to the groin, and evaporating lotions, carefully and repeatedly applied, through the medium of an interrupted bandage to the entire surface of the greatly-enlarged limb. When I began practice in 1816, I regarded and treated phlegmasia dolens as an inflammatory disease, and considered it one always affecting the local lymphatics, but subsequent experience and careful observation have convinced me that the more modern pathology of Drs. Davis, Lee and others, as to its seat, is generally correct, and that inflammation of the pelvic or femoral veins is most frequently the cause of the complaint; as, however, I have not been unfortunate enough to see a case terminate fatally, it has not been in my power to confirm this view of its cause by *post-mortem* investigation.—*London Lancet*.

Antagonism of Goitre and Tubercle.—According to Escherich, a Bavarian physician, goitre is incompatible with tubercular phthisis; and he regards as a wicked attempt (sic) the endeavor to remove goitre in subjects who otherwise would be (?) constitutionally predisposed to consumption. For four years he has had under his care a woman, with a cavern in the upper lobe of the right lung, and pectoriloquy with habitual cough and expectoration; yet this patient has remained in a stationary condition during the period stated, which the doctor considers to be due to the conjoint presence of a large goitre, adding that he had never known a patient affected with the latter disease to die of phthisis. Other physicians in the mountainous regions of Styria and the Tyrol have made similar statements.—*Med. Corresp. Blatt. bayerische, &c.*

Treatment of Strumous Peritonitis.—Sir Henry Marsh remarks—"The copious detractions of blood which are essentially necessary in ordinary peritonitis, are rarely admissible in the strumous form; from the constitution of the patient, and the chronic nature of the malady, it will be seldom found necessary to employ any but topical bleedings; and, when this is effected by the application of leeches, care must be taken to guard against the too long-continued and profuse oozing of blood which, in strumous individuals, is apt to arise from the bites of leeches.....In some cases I have directed mercury and iodine to be rubbed in conjointly, by adding three grains of the proto-ioduret of mercury to a scruple or half a drachm of axunge; and I have thought that the inunction of this compound has produced more rapid and salutary effects upon the disease than the pure mercurial ointment; I can, moreover, assert that in some few cases in which the mercurial ointment alone has failed, this combination has been effective.—*Dublin Jour. of Med. Sciences.*

Medical Miscellany.—Dr. Hardage Lane is president of the Medical Society of Missouri—an institution that was incorporated in 1837.—Dr. Loudon thinks that the proper period for nursing a child is three years. He infers that longevity would be promoted by this lengthened period of lactation.—A good article may be found in the July No. of the St. Louis Medical and Surgical Journal, on remittent fever, as it prevails in the southern part of the Mississippi Valley, by Dr. Pallan, of St. Louis.—Charleston, S. C., is remarkably free from any prevailing kind of disease.—It is asserted that the great quantity of sal aeratus used by families in making bread is very pernicious to health. The excess causes the evil, which might easily be avoided.—It has been very sickly of late at Washington, N. C. A change in the weather has given a favorable turn to the public health.—Yellow fever and dysentery prevailed extensively at Bermuda, at the last date.—Dr. Hope, who has been Professor of Chemistry in the University of Edinburgh, has tendered his resignation.—The deaths in London ending Saturday, August 3d, were 795. The weekly average for the last five summers, was 846.—A woman died in Baltimore recently, aged 112.—A man is living at this time in England, James Horrock, in his one hundredth year, whose father lived in the time of Oliver Cromwell.—An Irishwoman in Edgartown, Mass., gave birth to three girls at once last week, which, with the mother, are doing well.—Dr. Delamater, of Cleveland, Ohio, declines a chair in the new medical college of St. Charles.—The yellow fever is asserted to have been carried to St. Louis, Mo., in a river boat from New Orleans.

MARRIED.—At Harrisburg, Pa., B. Fordyce Barker, M.D., of Norwich, Conn., to Miss Elizabeth L. Dwight, late of Springfield, Mass.—At Montreal, L. C., Arther Fishur, Esq., M.D., to Miss Susan Corse.

DIED.—At New Orleans, Dr. John Nichols.

Number of deaths in Boston, for the week ending Sept. 23, 49.—Males, 24—Females, 25. Stillborn, 6. Of consumption, 5—cholera infantum, 2—bowel complaint, 6—dropsy on the brain, 1—typhus fever, 4—brain fever, 2—inflammation of the lungs, 2—hooping cough, 3—gravel, 1—old age, 5—suicide, 1—lung fever, 2—abscess in the brain, 1—infantile, 3—rupture, 1—teething, 2—canker, 2—dysentery, 3—marasmus, 1—canker in the bowels, 1—asthma, 1—inflammation of the bowels, 1. Under 5 years, 25—between 5 and 20 years, 3—between 20 and 60 years, 11—over 60 years, 10.

Dislocation of the Forearm outwards.—Henry Spencer, ætat. 49, admitted under Mr. Scott, June 7th, with the above accident to the left upper extremity, from a log of wood falling on the inner side of the forearm and forcing it outwards. The contusion from the accident was plainly visible. He supported the forearm with the opposite hand. It was exceedingly loose, and capable of being abducted by the hand of the examiner in a direction towards the outer part of the deltoid to an angle of 90 deg. with the arm. The circumference of the elbow was an inch and a half more than that of the opposite. Its characteristic form was lost. There was considerable projection of the great trochlea of the humerus at the inner side; prominence externally, and slightly posteriorly, of the head of the radius, on to the articular cavity of which the finger could be inserted. The olecranon was very obvious, and the tendon of the triceps externally deflected.

Reduction was effected by making extension (downwards and forwards) from the hand, the knee fixing the lower part of the humerus. He remained in the hospital twenty-six days, at the end of which period he possessed the ordinary range of movement, with the exception of being unable to bring the forearm quite in a straight line with the arm. Perfect power of extension was acquired, however, at the end of six weeks from the period of admission.

The inflammation about the elbow-joint subsided in about four days under ordinary treatment.—*London Lancet.*

Formula for Rheumatism.—M. Pereyra, of Bordeaux, who has adopted the use of guaiacum for rheumatic affections in preference to any other vaunted remedy, employs the following formula:—Finely powdered resin of guaiacum, a drachm; orange leaves, powdered, half a drachm; acetate of morphine, three quarters of a grain. These ingredients are mixed, and divided into sixteen powders, one of which is to be taken every two hours. The acetate of morphia is useful both for enabling the stomach to tolerate the guaiacum and in moderating the stimulant effects of this substance which so often compels its disuse.—*Ib.*

Dysentery from Ergot of Rye.—In the course of last year a dysentery prevailed in the French department Loire-Inferieure (Brittany), which was found to have attacked a great many persons who had eaten of diseased rye. The individuals were seized with vomitings of bilious matters, intermixed with blood, and passed stools at first mucous, though afterwards bilious or sanguinolent. Pulse weak and rapid, and a general adynamic condition, under which the patients commonly succumbed about the tenth or twelfth day from the commencement of the attack. In one commune the practitioner gave his patients first a brisk emetic, and then a mixture, composed of four grains of watery extract of opium, in a pint of decoction of lance-leaved bark, of which a tablespoonful was taken three times a day. At night, one of eight pills, from a mass containing three grains of camphor, two and a half of opium, and half a drachm of powdered cinchona bark. Emollient ptisans, cataplasms to the abdomen, clysters of linseed infusion, and similar palliative measures, were added, and under such treatment twenty-five out of twenty-seven patients recovered.—*Gazette des Hopitaux.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, OCTOBER 4, 1843.

No. 9.

STATISTICS OF EPILEPSY; CALCULATED TO AFFORD DATA FOR
THE TREATMENT OF THAT DISEASE.

M. LEURET, principal physician of the Bicetre, has published in the "Archives Gen. de Med." for May last, an essay on the above-named disease, in which the following results are stated:—Of 106 patients of all ages, 14 experienced their first attack of epilepsy before 5 years of age; 5 between the ages of 5 and 10 years; 24 between 10 and 15; 18 between 15 and 20; 16 between 20 and 25; 8 between 25 and 30; 4 from 30 to 35; 3 from 35 to 40; 2 from 40 to 45; 5 from 45 to 50; and 1 only after 50 years of age. Adolescence would, therefore, seem to be the period which furnishes the greatest number of epileptic patients, and next to it the period of youth. As very young infants, however, are seldom sent to the Bicetre, this result cannot be pronounced on with certainty; and M. Leuret is of opinion that epilepsy is relatively much more frequent in children under 5 years than the above statement implies. Of the same 106 patients there were but 7 in whom the disease could be readily traced to exist in other members of their immediate families—of one, the father, a brother and two sisters} were epileptic; of a second, the father only; of the third, the mother and a sister; of the fourth, the mother and an uncle; of the fifth and sixth, the mother only; and of the seventh, an uncle. M. Leuret endeavored to ascertain, if the immediate relations of the patients had been subject to other affections of the brain or nervous system, but found this to be the case in no more than 8 instances, in 3 of which some of the patient's near relations had been affected with insanity; 2 cases had died of apoplexy; and the other instances were subjects of paralysis, or acute meningitis, or had committed suicide. From these data M. Leuret conceives the doctrine of the hereditary nature of epilepsy to be fairly open to doubt.

Workers in white-lead factories appeared to be peculiarly obnoxious to attacks of epilepsy. Among the fore-named 106 patients, the following peculiarities had been noticed:—30 had been addicted to drunkenness, 24 were of an irascible disposition, and a similar number given to onanism, and 15 to sexual indulgence; 17 were of a mild and amiable disposition, 16 of a timorous, and the same number of an obstinate charac-

ter; 7 of a depraved tendency, and 3 gamblers. The disease had appeared in 10 of the patients subsequently to attacks of smallpox, in 8 after syphilis, in 5 after various fevers, in 4 after itch, &c.; but in saying this, it is not asserted that these diseases had any direct influence in the production of epilepsy. In the larger number of cases, terror would appear to have been the proximate cause of the access of the disease.

Of the 106 epileptics, 30 were accustomed to have fits every fortnight, 17 every month, 13 every week, 9 every three or four days, 4 almost every day, 2 daily, 1 every two months, 3 every three months, 1 every eight or nine months, 1 every year, 1 had had ten attacks in four years, and 24 were subject to them at variable epochs. It is seldom that, when the epoch of attack arrives, the patient has but a single fit; in most cases three, four, or more were found successively to follow. "I have seen (says M. Leuret), but only in the most severe cases, and which often speedily prove mortal, a patient the subject of *eighty fits in the space of twelve hours!* The patients recovered from one only to fall into another, and neither had intervals of sleep or of consciousness."

Of 33 patients 17 experienced this; the disease went on increasing in intensity; in 16 this progressively diminished. Of 101 cases, in 35 the attacks came on principally in the night; in 29, indifferently in the night and day; in 12, in the day time; in 8, during the day alone; in 8, in the night alone; in 3 principally, in other 3 always, in the morning; and in the evening only, or in the morning and evening only, in 3 others. Night appears, therefore, to be eminently the period most favorable to epileptic attacks. M. Leuret conceived that this might be partially owing to the horizontal posture at that period, and he accordingly recommended wakefulness and exercise to the patients at the hour when they were liable to the access; some, though not all, found this advice available in warding off the fits. As an instance in favor of the influence of the horizontal posture in the production of epileptic attacks, the case is cited of a youth who had been liable to night fits, but had been observed never to be the subject of these when he travelled in a vehicle at night, being then obliged to sleep in a sitting attitude.

The number of fits in the year varied in M. Leuret's patients from 8 to 2149. The relative proportion of liability to attacks in different months of the year, as observed in 70 patients, is represented in the following table:—

Months of thirty days.	Average of Cases daily.	Months of thirty days.	Average of Cases daily.
January - - -	15.6	July - - -	15.4
February - - -	17.1	August - - -	12.0
March - - -	14.6	September - - -	14.4
April - - -	13.5	October - - -	12.9
May - - -	14.2	November - - -	15.2
June - - -	13.3	December - - -	14.1

The average of May or September will best represent the mean average of the year. As a general rule, attacks are most frequent in the winter and autumn, and least so in the spring and summer. As respects

the probable influence of lunar changes on the production of epileptic fits, M. Leuret concludes that the moon exerts no obvious influence on epileptics; or, if any conclusion be drawn, it may be that the new moon, contrary to the popular notion, exercises a salutary influence, fits being then rather less frequent than at other periods.

The electric state of the atmosphere is not without its influence on epileptics. Stormy weather predisposes to attacks, but the most powerful predisponent is certainly intemperance, and many patients have owed their recovery to an abandonment of previous intemperate habits. "Erotic impulses about the time of a fit are, in certain cases, altogether immoderate, and the patients, while destitute of consciousness, and only capable of instinctive actions, sometimes abandon themselves, without control, to the act of masturbation. Si, par des liens, si, à l'aide de la camisole, on leur tient les mains éloignées du corps, ils exécutent des mouvemens du bassin, et tiennent en même temps des propos qui rendent manifestes, je ne dois pas dire les désirs, mais les besoins impérieux auxquels ils sont en proie. The deed is, in reality, at this time neither a passion or a vice—it is an organic action dependent on epilepsy. J'ai vu de jeunes garçons, sages, du moins en apparence, dociles, d'une réserve parfait, qui, dans l'intervalle d'attaques rapprochées, étaient pris d'un délire érotique qu'ils exprimaient et par leurs discours et par les mouvemens de leur corps. On ne pouvait pas s'approcher d'eux, leur tâter le poulx, leur toucher le front, sans que ce simple contact ne fut reçu par eux comme une caresse."—*London Lancet*.

AMPUTATION ON ACCOUNT OF ENLARGEMENT OF THE KNEE-JOINT.

By G. Volney Dorsey, M.D., of Piqua, O.

ADAM BEAMER, the subject of the present operation, was brought to this place in June, 1840, from the county of Van Wert. His age was about twenty-two years. The history, given of his case at the time, was, that about one year previously, he was affected with severe pain in the right knee, of which no very obvious cause could be assigned, though he was inclined to attribute it to an injury received in leaping. He was treated by some physicians in that section of the State, by blistering, cupping, &c., but without any relief. About three months before I saw him, his knee began to swell, and increased very rapidly, so that, at the period of my examination, its circumference, immediately about the joint, was thirty-seven inches, declining gradually on each side, and extending about half way to the hip-joint above, and to the ankle below. Beyond these points, there seemed to be but little disease, though the limb was enlarged to almost double the size of its fellow. The swelling was hard, and not painful to the touch; the veins, ramifying on the external surface, immensely enlarged; the great weight and pressure had caused some ulceration on the inferior parts of the tumor, augmented probably by the heat of the weather, and by travelling many miles over very rough roads, on a bed imper-

fectly suspended in a small wagon. His constitutional symptoms were, extreme debility, hectic fever, cough and copious expectoration, diarrhoea, and emaciation to such an extent that the tumor and limb removed, would doubtless have weighed one third or more of his whole body. As the swelling was rapidly progressing, and the constitution sinking, it was determined at once to amputate, as the only possible means of saving life. I accordingly proceeded to operate, in the presence of all the physicians and a number of the citizens of the town. It being necessary to cut as high up as possible, from fear of disease of the bone, the tourniquet could not be used, but the artery was compressed in the groin by an able assistant. Contrary to the usual opinion in regard to the upper third of the thigh, I performed according to the flap method, plunging the knife directly through the thigh from above downward on the outside of the bone, and cutting out a flap of half the diameter of the stump; then entering and bringing out the knife at precisely the same points on the inside of the bone, another flap was made, the parts retracted and the bone sawed, all which was done in less than one minute. Two arteries and the femoral vein were secured, the flaps brought together by adhesive plaster and dressed with basilicon; less than a pint of blood was lost, which was fortunate for my debilitated patient. The femoral vein was unusually small; the medulla of the bone appeared slightly dark. No bad symptoms supervened, but on the contrary all the unfavorable constitutional symptoms disappeared at once, with the exception of the diarrhoea which was troublesome for a few days, and the patient declared he slept better the night succeeding the operation than he had done for months. In two weeks the wound was half healed: the last ligature came away on the 30th day.

This case is interesting from the immense size of the tumor, being, I believe, among the very largest that have ever been amputated with success, and also because it gives evidence of the great recuperative powers of the system, which often rallies when reduced to the lowest ebb, provided the cause of disease can be removed.

One word on the subject of the flap operation, now, I believe, fortunately for humanity, becoming tolerably general. I have used it in amputation in various situations above and below the knee, and on the arm, and always with the most satisfactory results. It is infinitely more speedy than the circular method, and consequently produces less suffering; but the great advantage is, that by any common care, all possibility of protrusion of the bone, with all its dreadful consequences, is avoided with perfect certainty.

This tumor, when examined after amputation, presented the appearance of a fungous growth, originating from the medulla of the lower third of the os femoris, and arising to the height of about twelve inches, carrying the flesh and muscles, which seemed tolerably sound, before it. The patella and the head of the tibia were enlarged and disposed to soften—all the ligaments of the joint much diseased and distended by the fluid which occupied its cavity, to the amount of at least a quart—no pus

was discernible—the fungous growth was of a yellow color, and hard gristly consistence, springing directly from the medulla, destroying the upper half of the circumference of the bone, and branching widely upwards and on both sides.

This patient recovered entirely from the operation, but died, as I have understood, about eighteen months afterwards from an attack of bilious fever.—*Western Lancet.*

OBSERVATIONS ON THE TREATMENT OF SPRAINS.

By J. V. Frather, M.D., of St. Louis.

SPRAINS are usually considered injuries of little gravity, and treated accordingly. In general, it is true, but not to the extent which is generally believed; for every observing surgeon knows that many grave diseases can be traced to these injuries, such as a permanent debility or lesion, which predisposes to a return of the same accident from very slight causes; scrofulous diseases, in persons of that peculiar temperament which is favorable to their generation; acute and chronic inflammation, suppuration, and even caries of the bones of the articulation. The liability of such serious consequences from sprains, one would suppose, ought to have engaged the attention of surgeons more than it has, but the little success which has attended their prescriptions in many cases, it would seem, has paralyzed their energies, and caused them to leave their treatment in most cases to old women and quacks. These facts have induced me to make a few observations on them, and particularly on their treatment.

A sprain, or strain, signifies a violent stretching or extending of the tendinous or ligamentous tissues of an articulation, with or without rupture of their fibres. It is asserted by some distinguished surgeons, that sprains cannot take place in the orbicular articulations, and are confined to the ginglymoid. This is a mistake; every articulation in the system is subject to them; for a violent abduction of the thigh and a strong movement of the arm backwards, when it is abducted and horizontal, will strain the ligaments of the coxo-femoral and the scapulo-humeral articulations, which we know by the usual signs. Symptoms—pain, usually intense, at the affected articulation, often accompanied with faintness; no deformity or manifest alteration in the natural relations of the articular surfaces; mobility of the parts immediately after the accident, followed with difficulty of motion; sudden tumefaction and generally ecchymoses of the surrounding surfaces.

The diagnosis is easy, if a proper attention and a moderate exercise of common sense is brought to bear, although sprains have been mistaken for luxations, and the efforts to reduce them have occasionally inflicted severe pain and injury. It is unnecessary to enumerate the causes; they are well known.

The usual remedies, as advised by authors, are, perfect rest, warm fomentations, the best of which is hot vinegar applied over brown paper, or

cold lotions. If the inflammation run high, or a large joint is affected, leeching or bleeding, and the general antiphlogistic course, must be resorted to. When thickening of the parts, or extravasation, follows, the indication is to produce absorption by friction with stimulating liniments, moderate exercise, and bandages; if the symptoms persist, blisters and other usual remedies for chronic inflammation of the joints must be adopted.

But the remedy which I have exclusively relied upon, with entire and immediate success, for the last five or six years, is counter-irritation with the dry cups to the origin of the nerves which supply the affected parts. For example, if it is an articulation of the superior extremity, I apply a succession of dry cups over the spine, between the shoulders, and over the brachial plexus, above the clavicle of the injured side; if in the vertebræ, over the spine in its vicinity; and if in the lower extremity, over the spine of the sacrum, lumbar vertebræ and dorsum of the ileum, extending from the sacrum to the anterior spine of the ileum. I do not pretend to assert that this remedy will have the same immediate curative effect in cases complicated with great lesions of the parts, but doubt not that it will excel all other agents in easing the suffering; indeed, I have met with no cases that have not yielded immediately, since its discovery, except chronic and of long standing (which require time and a repetition of the cups). To illustrate the facts, I will give a few cases of many which I have treated.

CASE I.—In May, 1837, I was riding on horseback in the vicinity of the city, about 12 o'clock, A. M., when my horse fell down and caught my left foot and ankle under the saddle, which caused considerable pain for a short time, but subsided so as to enable me to continue my visits, both before and after dinner, without much suffering, until night, when the pain and swelling increased very rapidly; the pain becoming most excruciating, I retired to bed early, and had all the usual remedies applied, to the extent of causing the destruction of the epidermis of the foot and ankle. They were kept up until 12 o'clock without the least abatement of the pain or swelling; indeed, they increased constantly. Despairing of any ease for the night, I discontinued them; but on seeking for some other remedy, I recollected what great relief I had received and afforded in pains of different parts of the body by dry cupping, and determined to try it, with the hope only that it might deaden the nerves so as to give some temporary ease. I made my boy apply them strongly as near the roots as possible of all the nerves of that extremity on the points above specified. I suppose thirty minutes were required for their application, and before finishing all pain had ceased; I immediately went to sleep, and did not awake until day-light. Though perfectly free from pain I was afraid to move my foot, so little confidence had I in the remedy, and even after moving it without any return of pain, I remained in my rooms without exposing it to exercise during the day and following night. On the second morning I resumed my usual occupations without the least pain or inconvenience, nor has there been the least evidence of injury since.

CASE II.—Mr. M., ætat. 37, of bilio-lymphatic temperament, and in good health, fell from a scaffold twelve or fifteen feet high, across a scantling, which came in contact with the inferior part of his right dorsal region. He lay apparently lifeless for some time, and after being somewhat revived by stimulants, he was brought to my office (a few doors off) on the 25th of June, 1838. He was pale, nauseated, and greatly prostrated; could not be placed in a sitting position without producing syncope; little re-action; pulse feeble and frequent, 118 in a minute. After placing him on a sofa, I found on the right side of the lower dorsal and upper lumbar vertebra, a black bruise about seven by twelve inches in extent, with ecchymosis and considerable tumefaction, pain excruciating and greatly increased on motion or by pressure, nausea and vomiting. Four large cups were applied on the spine of the afflicted region, which was afterwards bathed with strong spirits of camphor for a few minutes, when he arose and walked several squares along the streets with me, declaring he scarcely felt the effects of the injury; resumed his labor next day without pain, and has not suffered from it since, now more than five years.

CASE III.—Mr. W., ætat. 25, sanguine temperament, health perfect, was thrown from his horse in the afternoon of September 9, 1840, and strained his left wrist. He stated the pain was not severe until night, when it became "insupportable, and continued to increase" up to 10 o'clock next morning, at which time I saw him. He had considerable fever, severe pain, great swelling about the wrist, much thirst, and some headache. I ordered dry cups to be applied on the spine, as before stated. He refused to permit it, saying, "if I did not do something that would help him, he would die." I assured him I was not jesting, and that they would cure him in thirty minutes: he reluctantly submitted, and in less than that time he was cured. I could cite chronic cases of long standing, but deem it unnecessary; the relief is as perfect, only requiring repetition of the remedy and time.

It may not be amiss to state that the cups I use are much larger and stronger than any found with the apothecaries. I have them made of brass, with large broad rims, to prevent pain or cutting of the skin when applied; the inner portion of the rim should project internally, so as to retain the skin within the cups, by which their power will not be diminished while acting. In all cases the cups must be applied with sufficient power to make a decided impression immediately, which is known by the elevation, or tumefaction, and ecchymosis of the skin which are included within the cups. If the cups leave but little impression, and that whitish, without much elevation and change of color of the skin, they either have not been applied sufficiently tight or there is great disease or torpor of the parts. If they produce much tumefaction, it is a good indication of relief. They should be applied and kept on for some minutes, according to the effect and pain they produce. There is a certain point to which they should be carried to fill the proper indications—neither too weak nor too strong: practice can only enable the operator to ascertain that point.—*St. Louis Med. and Surg. Jour.*

MEDICAL REPORT OF THE WESTERN LYING-IN HOSPITAL, DUBLIN.

THE following report of the Hospital embraces a period of two years, that is, from January 1, 1841, to December 31, 1842, inclusive ; and, according to the general register of admissions and applications, relief has been afforded to 1506 women, but, owing to the irregularity with which many cases were entered in the statistical register, it has been found necessary to exclude a considerable number, in order that no facts might be adduced of the accuracy of which we are not certain. Our records will consequently be limited to the delivery of 1206 women ; from these must be deducted 43 cases of abortion, leaving 1163 cases of labor at the full time.

The number of children amounted to 1175 (691 males, and 484 females), of which 63 (44 males, and 19 females) were stillborn, or died at birth ; of these, 12 were premature, 15 stillborn, 2 putrid, 4 footling cases, 8 breech presentations, 1 head and hand presentation, 3 arm presentations, 3 funis presentations, 6 crotchet cases, 2 forceps cases, 1 placenta prævia, 4 syphilitic.

The ages of 1067 patients were ascertained as accurately as possible :

17	were at or under	-	-	20 years of age.
296	between	20	and 25	do.
370	"	25	30	do.
177	"	30	35	do.
117	"	35	40	do.
40	"	40	45	do.

In 982 cases the entire duration of labor was as follows :

In 357	it was under	-	-	6 hours.
312	between	6	and 12	
214	"	12	24	
50	"	24	36	
17	"	36	48	
11	"	48	60	
15	"	60	95	
2			100	
3			121	
1			153	

The extreme prolongation of some of these cases was owing to the friends of the patient deferring their application for assistance.

The period which elapsed between the commencement of labor and the rupture of the membranes, was noted in 981 cases :

In 167	it was about	-	-	-	2 hours.
335	between	2	and 6		
165	"	6	10		
113	"	10	14		
71	"	14	18		
33	"	18	22		

In 46	it was between	22 and 26 hours.
23	"	26 30
8	"	30 38
9	"	38 40
4		50
2		60
1		70
3		80
1		105

In 812 cases the interval between the rupture of the membranes and the birth of the child was as follows:

In 396	it was about	1 hour.
142	"	2 hours.
120	"	4 do.
50	"	6 do.
34	"	8 do.
17	"	10 do.
26	"	25 do.
11	"	20 do.
9	"	28 do.
4	"	35 do.
1	"	40 do.
1	"	50 do.
1	"	120 do.

In 953 cases, from the birth of the child to the expulsion of the placenta, there elapsed

5 minutes in	-	-	-	-	-	98 cases.
10 "	-	-	-	-	-	190 do.
15 "	-	-	-	-	-	175 do.
20 "	-	-	-	-	-	166 do.
25 "	-	-	-	-	-	48 do.
30 "	-	-	-	-	-	126 do.
35 "	-	-	-	-	-	16 do.
40 "	-	-	-	-	-	30 do.
50 "	-	-	-	-	-	43 do.
60 "	-	-	-	-	-	14 do.
From 1 to 2 hours in	-	-	-	-	-	33 do.
" 2 to 3 "	-	-	-	-	-	9 do.
" 3 to 4 "	-	-	-	-	-	5 do.

The latter cases, when the placenta was retained so long, were under the care of midwives, who applied for assistance on this account.

In 1008 cases the presentation was as follows:—

In 941 the head presented; in 13 the hand descended with the head; in 22 the breech presented, 8 dead; in 18 the feet presented, 4 dead; the funis prolapsed in 3; in 6 the funis presented, 4 dead; in 5 the arm presented, 3 dead, 2 of them putrid; in 2 the placenta presented, 1 dead.

There were 13 cases of twins. In 4 cases the children presented naturally—6 children were saved, and 2, which were premature, died. In 6 cases one child presented the breech and the other the head—10 were born alive, two were lost. In one case 1 child presented footling and the other the head—both were saved. In another, one child presented the head and the funis, and the other the foot and funis—both were lost. In a third case both the children presented the feet and funis, and were lost.

In 10 cases there was hemorrhage between the birth of the child and the expulsion of the placenta; in 6 of which manual extraction was necessary, but no unfavorable results followed.

In 6 cases flooding occurred before delivery—3 were cases of accidental, and 3 of unavoidable hæmorrhage. The rupture of the membranes was sufficient in the accidental and in one of the unavoidable cases, and the mothers and the children recovered. It was necessary to turn and deliver the child in the other two cases—one of the mothers died and one recovered; one of the children was saved.

Seven patients were attacked by convulsions—all recovered. One fatal case of uterine phlebitis occurred, and several slight attacks of hysteritis, which were relieved by the usual treatment.

We met with one fatal case of rupture of the uterus.

Version was performed 6 times (1 in 243); 5 times on account of presentation of the arm—all the mothers recovered, and 3 children were saved, the others were putrid; and once because of unavoidable hæmorrhage.

The forceps were used in 8 cases (1 in 182). Seven of the mothers recovered, and the death of the remaining one was caused by disease of the heart.

In 8 cases the perforator was employed (1 in 182). Six of the mothers recovered, and 2 died—one from rupture of the uterus, as recorded above, and one from disease of the liver.

Of the 1463 women attended during these two years, only 5 died, or 1 in 292. One sunk from disease of the liver, another from disease of the heart, a third after unavoidable hæmorrhage, a fourth from uterine phlebitis, and the fifth from ruptured uterus.—*Dr. Fleetwood Churchill, in Dublin Journal of Medical Science.*

METASTASIS—SYMPATHY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The doctrine of sympathy derives its principal support from the diseased and healthy phenomena manifested through the medium of the nervous system. In the minds of most medical writers, the office of the nervous system appears to be, exceedingly vague and indefinite. There is scarcely a diseased or healthy action in the human system, which has not been, by one writer or another, attributed entirely to the agency of the brain and its branches. And yet there does not appear to be that ab-

struseness in the office of this system, which the confusion in the ideas of writers upon this subject might lead us to suppose.

The nervous system is the seat of feeling, or of pain and pleasure ; and feeling may be divided into perception, sensation and thought. Feeling is either pleasant or painful, and extends through the whole nervous system. The passion of love is a pleasant feeling, and extends itself through the whole system. The passion of fear is a painful feeling, and equally affects the whole system. The thought of a beautiful person is pleasant ; the thought or idea of a monster is painful, and equally affects the whole system with the passions and emotions. All the passions, emotions, sensations and perceptions, are only so many different names for feeling ; and they are all either pleasant or painful, and the pain or pleasure extends through the whole system. The heart, the lungs, the digestive and the secretory organs, are all simultaneously affected by the pain or pleasure arising from affections of the nervous system.

In the nervous system there is either a feeling of ease or disease in every part. The prick of a pin is felt through the whole system, and like the passion of fear creates momentarily a *disease* through the whole body. Pain, in every form, whether it arises from inflammations, excitation of the senses, or from the ideas, passions and appetites, produces a general effect on the body. The sensation of pleasure is equally general in its nature and effect. I infer, then, *that the visible office of the nervous system consists in the production and extension or diffusion of feeling.*

I give this definition of the office of the nervous system merely to assist in unravelling some of the mysteries of sympathy and metastasis.

The organs of generation are supposed to hold a special communion or a particular sympathy with the brain, the seat of the imagination. The passion of love, whether excited by the real or the ideal presence of an agreeable object, extends itself through the whole nervous system, and consequently to the organs of generation. The heart, at the same time, manifests its participation in the influence of this passion, by an expansion of its volume and an acceleration of its action ; the muscles simply by a greater relaxation ; the stomach by a temporary loss of appetite ; the skin by a glow of heat and color ; and the organs of generation by an erection of the glans penis, and, perhaps, a consummation of the passion. Is there, then, any special communion between the brain and the organs of generation ? Can these organs be reached by an influence of the brain, and the rest of the system remain intact ? Such, I know, is the doctrine of sympathy, but to my mind it betrays a most culpable looseness of observation.

The only perceptible manifestation which many diseases and many medicines produce in the nervous system, consists simply in a *feeling* of weakness or strength, while other organs and glands will show either a great increase or decrease of activity ; each part will manifest its participation in the general effect in strict conformity with its organization. The effect of a passion, a disease, or a medicine, on a muscle, may be simply a relaxation of its fibres, while on the organs of generation a tur-

gescence of all its vessels may arise from the same cause. What only relaxes the skin or a muscle, may cause the stomach to vomit, or the kidneys to secrete a profuse quantity of urine.

In nursing women, when the breasts are very full, as soon as the child commences sucking one breast, a stream of milk will often issue spontaneously from the other. This might be adduced as a remarkable proof of the existence of sympathy, or metastasis. But in the act of nursing a child, there is a general diffusion of pleasure through the system, which relaxes every muscle and every duct, and, in common with the rest, the lactiferous duct, which allows of an emission of the milk. It is probable, also, that the general feeling of pleasure arising from nursing, may somewhat increase the secretion of milk in common with the other glands. I shall give only one more instance of the proof of the doctrine of sympathy.

In the alvine evacuation, a desire to urinate commonly succeeds the effort. This seems to be not only a remarkable but an irrefutable proof of sympathy. But the alvine evacuation is not without a general sensation or feeling; tears will often flow as well as urine, especially in children: besides, a sudden chill or diminution of heat commonly attends the result, and a sudden chill will always be sufficient to quicken the secretion of urine. But I think the chief cause of the desire to urinate arises from the pressure of the abdominal muscles upon the fundus of the bladder. The muscles, in a motion of the bowels, always press even harder upon the bladder than upon the intestines themselves. A pressure of these muscles will at any time create a desire to urinate. The action of the supposed sympathy between these parts is not reciprocal. The act of urinating does not create a corresponding desire of an intestinal evacuation, although the pressure of the abdominal muscles will necessarily, sometimes, produce the semblance of such a desire.

Metastasis, or the fancied change of diseases from one part of the system to another, is considered a result of the principle of sympathy. A remarkable instance of metastasis is supposed to occur in that painful disease, the gout. This disease is supposed, sometimes, to originate in the stomach, liver or intestinal canal, and to pass from these parts into the foot, and especially into the ball of the foot or the first joint of the great toe. Not the least evidence in the world has ever been given of any special anatomical or physical media between these dissimilar and distant parts, but such a translation is nevertheless the fancy of most or all medical writers. In nine hundred and ninety-nine ordinary inflammations of the stomach, liver and bowels, in the forms of gastritis, hepatitis, cholera morbus, dysentery, &c., not a solitary pain, or twinge, or special effect of any kind, ever reaches the foot or the first joint of the great toe; but in the single instance of the gout the most awful disturbance takes place in that part, from a special, connatural intimacy which these parts have been supposed to enjoy! The feet, on the other hand, are often affected with a variety of diseases without ever betraying the slightest degree of proof of a special communion with the stomach, liver and bowels.

The simple history of an attack of gout, seems to be this :—The ball of the foot, and especially the first joint of the great toe, in raising and projecting the superincumbent body, in walking, running, and in all kinds of work performed on the feet, are subject to a much greater labor or exhaustion in proportion to their size than any other of the joints in the body. They are also subject to a greater amount of excitation from heat, cold, moisture, compression from shoes, &c. This condition of these joints, prepares them, on the accession of any of the occasional causes of this disease, to take on the inflammatory action. When the inflammatory action has commenced, a general fever ensues, not from sympathy, but from a participation in the original inflammation by all parts of the body, an extension of the inflammatory action, in which the stomach, liver and bowels are consequently, though not especially, involved. I conceive that either the stomach, bowels or liver may be subject to a similar inflammatory action with the foot, and be in a diathesis to take on such a disease before or after the disease has commenced in the foot, and still furnish no proof of a translation or metastasis of that identical disease from the foot to the abdominal viscera, or from the viscera to the foot. The same exciting causes are as likely to produce the same disease in a new part as in the first part affected ; and these causes may continue for a longer or a shorter time. An inflammation often commences in the membrane of the nose, and successively attacks the throat, tonsils, larynx, bronchia and lungs, and will take many months in the progress of the inflammation, without our ever suspecting the operation of such a principle as sympathy. Aside from conjecture, we should naturally infer that the same exciting causes which produced a disease in one part, might also produce it in a new part which happened to be in a similar diathesis, and so on in another new part, until the causes, or the diathesis, had ceased to exist. Merely because an inflammation has ceased to exist in the foot, furnishes no proof that the causes of it have ceased to exist, and that other parts must be affected by the principle of sympathy. In rheumatism, one joint will sometimes be attacked after another, until almost every joint in the body has suffered from the disease. Now if this is really produced by the principle of sympathy, I do not see how the disease could ever end but in death ; for the last joint affected must still continue to sympathize with the one just recovered, which would send the disease round and round until death had put an end to the scene.

Another remarkable instance of metastasis, is supposed to take place in the bowel complaint of children, in the supposed translation of the disease to the brain, thereby producing dropsy of the brain. But the fact, in this case, is, there is no removal of the disease, the stomach and bowels remaining just as much diseased as before the effusion in the brain ; the brain merely shows its participation in the disease in common with the whole body.

An inflammation of one eye is sometimes followed by an inflammation of the other eye, and is supposed to be a metastasis of the original disease, as if diseases were living, creeping things ! If a person could see

as well with one eye entirely closed as with the other which is open, I might suppose the image on the retina of the closed eye to be produced by sympathy, or any other cause I could guess at; but as an image on the retina can only be produced by the rays of light, so I conclude the same causes which produce an inflammation in one of the eyes, must always exist in order to produce a similar inflammation in the other, and so of all the other organs and parts of the body.

D. B. SLACK.

Providence, Sept. 10th, 1843.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. OCTOBER 4. 1843.

*The Hospitals and Surgeons of Paris.**—It is a misfortune not to have known more of the author of this agreeable book. During a residence of several years in France, he industriously collected a mass of notes, with a view to their publication in the United States. He has succeeded admirably in making a volume that will be read with deep interest by persons both within and without the pale of the profession. As it is a complete index to all the medical and surgical institutions of Paris, it may be consulted with much profit by those who propose to visit that city. Accounts of hospitals, schools and societies, embracing the minutest particulars, are written out with such order and exactness, that it seems as though there could be nothing more to be said of them worthy of observation. After exhausting these topics, which are the essential ones for the class of readers for whom the work was especially prepared, there follows a list of all the medical and scientific Journals, and the expenses and modes of living in Paris, at the hotels, lodging houses, boarding houses, restaurants, cafés, table d'hotes, &c. Then comes a catalogue of medical booksellers, surgical instrument makers, and lastly, in this department of the publication, a description of the public conveyances, from fiacres, citadines, and cabriolets, to a vulgar omnibus, with the prices of each by the hour. To make this travelling guide the most unexceptionable foreign medical directory extant, Dr. Stewart has added a bibliographical index. "As it is a difficult matter," he remarks, "for persons who are not perfectly familiar with the French medical literature of the day, to know which are the most approved and recent publications on the various subjects of medicine and surgery, I have thought that an index to the best standard works of the French authors, would be acceptable to those who may be desirous of procuring foreign books." So it will prove—a convenience not to be lightly estimated. In this particular alone, Dr. Stewart has been serviceable to those who have a disposition, but not always the means, of ascertaining the titles of books of the highest character abroad.

* *The Hospitals and Surgeons of Paris.* A historical and statistical account of the civil hospitals of Paris, with miscellaneous information and biographical notices of some of the most eminent of the living Parisian Surgeons. By F. Campbell Stewart, M.D. New York: J. & H. G. Langley. Philadelphia: Carey & Hart. 1843. 8vo. p. 432.

This is but a meagre description of the contents of one half of the book, Part First. Part the Second is wholly confined to a synopsis of the lives of Paris surgeons—men whose names are familiar to our ears in consequence of their distinguished attainments. There is something fascinating in the biography of any individual who stands out before mankind with a little more prominence than ordinary flesh and blood. There is an inherent love in us for the marvellous—for which there is abundant food in the eventful life of one who has raised himself from obscurity to honorable renown. Dr. Stewart furnishes us with a personal history of twenty-one French surgeons of extensive celebrity—every one of whom has passed through trials of extraordinary severity. They have, with few exceptions, surmounted difficulties of prodigious magnitude, and by the strength of their own great powers, raised themselves from nothing to be stars of the first magnitude in the firmament of modern science. They are Amussat, Baudens, Bérard, Breschet, Civiale, Cloquet, Dubois, Gerdy, Guérin, Jobert, Larry, Langier, Leroy, Lisfranc, Malgaigne, Marjolin, Ricord, Roux, Ségalas, Velpeau and Orfila.

Without claiming any thing on the score of originality in thought, Dr. Stewart is entitled to the praise of having collected a large amount of that very kind of matter about which every one is solicitous to know something. We know of no substitute for it, and on that account, aside from all other considerations, recommend to our friends to call on Messrs. Ticknor & Co. for a copy.

Dr. Carr's Introductory Lecture.—When the lecture term opened at Castleton, a week or two since, Dr. Carr, the Professor of Chemistry and Natural History, gave an introductory discourse. A large committee of the class requested that it might be printed, which being consented to, has given us the opportunity of a perusal. It abounds in variety—there being both poetry and prose in admirable proportions. There is a short dissertation on matter, accompanied by this trite comment—"Matter is only known to us by its properties, as manifested to our senses, from which we infer its existence." That astronomer who said that it was possible there was a sun somewhere in the heavens, though he knew nothing more about it than what he saw, felt, and heard people say, reasoned with equal boldness and ingenuity. However, without cavilling unnecessarily at some parts of the discourse, on account of the manner of splitting up words, to adapt them, apparently, to the comprehension of the audience—the lecturer being forgetful, as it were, that he was addressing a polished assembly of young gentlemen who had learned the definition of *ponderable* and *imponderable*, for example, in their academical education—it was well fitted for the occasion. A public teacher of medicine should neither covet the praise of critics nor fear their puny efforts. His business is to impart that kind of knowledge which will best qualify medical students for bettering the condition of the sick, and warding off the infirmities that pertain to human organization. We perceive, in Dr. Carr's discourse, the ardent philosopher, the able chemist, and the man who acts with independence. Wishing him the success and the meed of applause which his talents are destined to command, we leave the pamphlet for the annotations of other editors.

India Journal of the Medical and Physical Sciences.—No. 2 of the second volume of this monthly periodical, bearing a general resemblance to the London Medical Gazette, and published at Calcutta, was received last week. Whether Dr. Corbyn's Journal has been discontinued, or whether this is the same thing with a new name and conductor, has not yet been ascertained. The subscription price is 16 rupees—equal to eight dollars per annum—in advance. J. Eveleigh, Esq. is the editor. The contents of the specimen before us, are of a highly respectable character. An interesting report of a meeting of the Medical Society, is the first article, in which animal magnetism is permitted to peep out, through the instrumentality of Dr. Monat, who appears to be fogle master, under the cognizance of Dr. Elliotson, of London.

There are no papers of sufficient general interest for re-publication; but no opportunity will be omitted to select from subsequent numbers whatever may be new, strange or important.

Uncourteous Plea for Homœopathy.—A manuscript of 15 letter pages, addressed to the editor, in reply to a correspondent's review of Curtis & Lillie's *Epitome, &c.*, has been returned to the author, in the way pointed out in case it should not have an insertion in the Journal. We should have been very unwilling to believe that any advocate for homœopathy could have been found, on this side of the Atlantic, so wanting in courtesy as this rejected paper shows the writer to be. There is no apology for ill-breeding, however much ignorance may be wicked at in certain cases. There is a vast difference between reasoning and personal invective. The one engenders respect, is an honest inquirer after truth; but the other is a mill-stone on the neck of the man who uses it, whose ambition often is to rise at all hazards, and who cries out, as he drives fearlessly over the course, *out of my way, if you would save your bones!*

A note accompanied this extraordinary communication, which states that the writer "was induced to take the trouble of preparing the enclosed letter, from an assurance he received from Dr. V. that Dr. Smith had expressed his readiness to insert a reply to the review." Our prejudices against individuals who disgrace their profession, will never prevent us from publishing well written papers of reasonable length, in vindication of homœopathy. Because we cannot comprehend its doctrines, nor discover the same results that others do in the infinitesimal doses of medicine, the friends of that school may be assured that we do not therefore question the honesty or the scientific attainments of many of its advocates. If there is light to be had, let us have it. It is our desire to collect useful knowledge from all sources, and to disseminate it again for the benefit of those who are conscientious in relieving the physical woes of humanity.

Willoughby University.—An extra of the Painesville Telegraph announces the fact, that some sort of a misunderstanding has existed between several gentlemen of the faculty in the medical department of Willoughby University, and the Trustees. Three of the faculty have emigrated to Cleveland, organized a new medical school, and published a scheme of its future intentions and prospects. Not at all discouraged, though grievously disappointed at the sudden turn in their affairs, as represented

in the manifesto which elicited these observations, the trustees have re-filled the vacated chairs of Anatomy, Chemistry and Obstetrics, without accepting the resignations of the late incumbents. Dr. Trowbridge, the veteran surgeon, long identified with the prosperity of the Willoughby school, remains at his post, like a tried soldier. James Quackinboss, M.D., is now professor of General and Special Anatomy and Physiology; Robert H. Paddock, M.D., professor of Chemistry, Pharmacy and Materia Medica. John Butterfield, M.D., assumes Theory and Practice of Physic and Physical Signs of Disease; and Hosmer Graham, M.D., is professor of Obstetrics and the Diseases of Women and Children. These constitute the new faculty.

Ohio is likely to be supplied with all the appliances for increasing the medical strength of the Union, numerically, and, it is fervently hoped, scientifically.

Chemical Analysis of American Forest Trees.—D. J. Browne, Esq., extensively known in this and other countries for his indefatigable efforts to develop the resources of the forests of America, is about publishing a national work, entitled *The Trees of America*, embracing a complete description of them; their culture, management, uses, propagation, economy in the arts, &c. He doubts not that many important medicines, now purchased at great cost abroad, might be found at our own doors, were a proper chemical analysis instituted, as it should be, under the patronage of some of the state legislatures or the general government. Iodine exists in the mangrove, and is it not possible that it abounds in numbers of the forest trees? Even quinine is already extracted from some of the native shrubs, and the time may yet come when it may be collected in great abundance, as may many other valuable medicines, from the most common, but now unsuspected sources.

Mr. Browne has both the talent and the industry to accomplish this desirable undertaking, in which he should be liberally sustained by the public. His *Sylva Americana* is now out of print—and Michaux does not embrace half the ligneous flora of this vast country. As medical conservators, aside from other and important scientific considerations, we hope Mr. Browne will live to accomplish the great design on which he is so ardently engaged.

Medical Colleges in Ohio.—A correspondent wishes a mistake corrected in regard to an observation made in the Journal some weeks ago, in which it was said that Cincinnati had but one medical college. He thinks it unjust to allow the impression to go abroad, that the *Literary and Botanical College of Ohio* is dead, having once known that it existed. He says that it was incorporated by the legislature of Ohio on the 6th of March, 1839, and located at Columbus, where the school was in operation four years, and had received more than a hundred students. Although in a flourishing condition, in 1841 it was removed, by another legislative act, to Cincinnati, where it has been well sustained to the present time. Its location is in the large edifice erected by the celebrated Madam Trollope, on Third Street, east of Broadway. The lectures commence the first Monday in November, and continue to the last of February. The facilities for acquiring a knowledge of anatomy and physiology, botany, &c.,

in this institution, are represented not to be surpassed by any other in the west.

Index to the American Journal of the Medical Sciences.—Ephraim Buck, Jr., M.D., of Boston, has made a complete index of this work, from the very beginning to the last No. In accomplishing it a great amount of labor and untiring patience have been required—there being twenty-six volumes, made up of items which few individuals would have arranged in a manner so perfect. Were the publishers of the Journal to purchase the manuscript, even were it never published, we think it would soon be prized, in the light of a convenience not to be parted with for three times what it might cost.

New Orleans Hospital Reports.—A correspondent of the New Orleans Tropic asks, very properly, who furnishes the reports of the Charity Hospital—the number of admissions and the character of the disease? He says that he has been a daily visiter of the institution for some time, and is convinced that not one fourth of the cases reported to be yellow fever, are so. It seems that the house physician has little or no hand in the business of christening the disease of which a patient is sick, but it gets a name through a newspaper reporter.

That the yellow fever exists there is not questioned; but that the accounts are prodigiously exaggerated, is quite probable. Some people delight in propagating horrible news—it exhilarates them just in proportion to the violence of the panic on the public mind.

Disposition of Naval Surgeons.—Dr. Samuel C. Lawson, Surgeon, and Dr. Chas. Bishop, Assistant Surgeon, are at Rio Janeiro, on board the U. S. Sloop St. Louis. Dr. J. M. Foltz, ordered to the Ship Boston, at Boston. Dr. W. Whelan, Fleet Surgeon of the Mediterranean squadron. Dr. William G. Wilson, an Assistant Surgeon, has resigned his commission.

Surgeons in the Navy.—"Some of the most interesting works that we have ever read," says the American Sentinel, "have been from the pens of Surgeons and Assistant Surgeons of France, Great Britain and this country. The account that we have read in relation to the *post-mortem* examination of Bonaparte was from the pen of a British surgeon. If we wish to learn anything new in relation to the botany, the climate, the animals, the diseases, the volcanoes, or the geology of the world, we will have to look into the journals of the naval surgeons of civilized countries. Besides being specially familiar with every branch of science, the surgeons generally understand foreign languages. Their learning introduces them into the high medical circles of the nations they visit, and their excellent scholarship qualifies them eminently for describing all that they see in distant parts of the globe. It is an egregious error to send a public vessel abroad without a physician. Besides attending the sick, which the humanity of the nation should always see properly executed, the surgeon allows nothing that is worthy of being communicated to the world to pass by without notice."

Oleum Jecoris in Phthisis.—The common cod-liver oil—*oleum jecoris gadi morrhi*—has been employed by Professor Trousseau lately in four cases of phthisis in an advanced stage. The patients were all of the female sex: one 48 years old, one 35, the other two from 20 to 22. In three, the amelioration was immediate; the fourth, after becoming worse for some time, grew at last gradually better. The oil was generally administered mixed with syrup; it may also be given in an electuary, in a bolus, in a gelatinous capsule, or in pills, after being solidified. The dose is from 3iss to 3ss. Nausea and vomiting sometimes took place; at other times, the only disagreeable sensation was from the eructations retaining the taste and odor of the oil; rarely diarrhœa; no effect on the circulation and respiration.

Fees of a London Coroner.—The editor of the *Lancet*, Mr. Wakley, during the last year, held 839 inquests, for which he got for himself in fees, £1,118 13s. 4d., the mileage, £128 11s. 9d. The sums paid for others attending his inquests were only £895 5s. Mr. Baker held 868 inquests—£1,157 6s. 8d. for himself, and to others, in expenses, allowed £1,393 14s. 6d. The proportions of the expenses of the other coroners (Gell and Higgs) are similar to Mr. Baker's. Notwithstanding Mr. Wakley's long indisposition, and his parliamentary duties, he has held, within 29, as many inquests as Mr. Baker.

Medical Miscellany.—Smallpox exists at Newburyport, Mass. It begins to show itself in several places, and will doubtless become pretty common in the course of the winter, unless vaccination is seasonably resorted to.—An able address by C. A. Harris, M.D., delivered before the American Society of Dental Surgeons, at the opening of the fourth meeting at Baltimore, July 18th, has been published in a pamphlet. It is characterized by good sense, literary taste, and a strong disposition to elevate dentistry to the rank and consideration it deserves.—One hundred and twenty-eight students, of whom thirty-eight received degrees, attended lectures at the Medical College of Georgia, the last session.—To make leeches bite, says a German Journal, place them in a saucer of fresh beer till they become lively, and then apply them quickly to the part.

TO CORRESPONDENTS.—A dissertation on asthma, and a memoir of the late Dr. Luke Howe, have been received.

MARRIED,—At Windsor, Me., Dr. R. M. Chase to Miss Ann E. Pope.

DIED,—In London, Lowndes square, Sir Thomas Charles Morgan, M.D.

Number of deaths in Boston, for the week ending Sept. 30, 54.—Males, 34—Females, 20.

Of consumption, 9—scald, 1—cholera infantum, 5—typhus fever, 4—influenza, 1—infantile, 2—bowel complaint, 1—diarrhœa, 1—teething, 1—dropsy, 3—hooping cough, 2—pleurisy fever, 1—croup, 1—dysentery, 2—scrofula, 1—tumor, 1—marasmus, 1—fits, 2—suicide, 1—old age, 1—accidental, 1—debility, 1—dropsy in the head, 1—dropsy on the brain, 1—child-bed, 2—liver complaint, 1—apoplexy, 1—syphilis, 1.

Under 5 years, 23—between 5 and 20 years, 4—between 20 and 60 years, 25—over 60 years, 2 (one of these being 101 years and 8 months).

Continental Treatment of Neuralgia.—Dr. Schleiser, of Peitz, has prescribed, with success, to patients with abdominal neuralgia, but whose circumstances would not permit of their visiting a watering-place, the use of an artificial mineral water, resembling that of Eger, in Bohemia, and made as follows:—R. *Filtered spring-water*, a pint; *diluted sulphuric acid*, two drachms and a half; *hydrochloric acid*, twenty drops. Mix, and add *bicarbonate of soda*, forty-five grains. The bottles are then to be sealed up without delay, and kept cool; one or two pints may be drunk daily. In hepatic neuralgia, Dr. Schleiser depends much on the effects of belladonna; in cases where great irritability of the stomach is present, he finds nitrate of silver suitable, combined with morphia.—*Rust's Magazin*.

Morphia has been an ordinary remedy for neuralgia, the cure of which it may, in certain cases, effect; but a French practitioner, M. Rougier, has advised the adoption of an ingenious method, which he says will prove the completeness and permanence of the cure. After the apparent removal of the disease by the morphia, he administers successive small doses of strychnia, gradually increasing the amount of the doses and abridging the intervals between them. Now, if the cure have been complete, the tremors and other characteristic effects of the strychnia go on diminishing in intensity from the first, notwithstanding the increasing strength and frequency of the doses; but if otherwise, a contrary result happens, and the effects of the strychnia increase in intensity.—*L'Experience*.

Alum for Lead-colic.—Weiglein, a German practitioner, had a patient, twenty-two years of age, who, having been often attacked with lead-colic, applied to him for advice while suffering under a fresh attack, with incessant pains and retraction in the umbilical region, the anus, and testicles, and constipation, dry skin, and quick hard pulse. Oil, opium, and emollient fomentations, employed for several days, produced no alleviation, when half a grain of alum was given every three hours. After the first dose, which is said to have caused abundant stools, the abdominal pains ceased, and the cure was complete in three days. Another patient, of the same age, derived equally little benefit from the palliative treatment, and similar results from the use of alum. This remedy acts in lead-colic by its chemical effect. It decomposes the other salts of lead in the alimentary canal by a portion of its sulphuric acid uniting with the latter to form sulphate of lead, while it is partly converted into sulphate of potass, which acts as a purgative. Large doses of alum would be injurious, but we must say that the doses above stated seem insignificantly small.—*Lon. Lancet*.

New Preservative for Animal Substances.—A French physician has addressed a paper to the Academy of Sciences on the power of a *syrup of iron* to preserve animal substances unchanged. This syrup is a combination of sugar and iron which does not decompose, crystallize, or ferment, at any temperature. Meats kept in this syrup diminish very little in weight, resist the most active putrefactive agency, and on being washed in cold water resume their original volume and appearance as from animals newly killed.—*Ib*.

T H E
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX. WEDNESDAY, OCTOBER 11, 1843.

No. 10.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. VIII.—BY JOSHUA BICKNELL CHAPIN, M.D., PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

Asthma.—" *Its Nature, Character, Causes, and best Method of Treatment.*"

"————— Atque attractus ab alto
Spiritus interdum gemitu gravis; imaque longo
Ilia singultu tendunt —————."

Georg. Lib. III., line 505.

ASTHMA, though not immediately a disease of danger, is emphatically one of intense suffering; and as such, if for no other reason, merits a careful investigation.

Many of the authors, who have noticed this disease, seem to have imbibed largely of vulgar notions, and, with a kind of heterogeneous arrangement, have included under the term asthma, almost every variety of disturbed respiration—making no distinction, except in degree, between dyspnoea, properly so called, and the true asthmatic paroxysm. From such carelessness have arisen the numerous discrepancies, inaccuracies and almost utter confusion of the older treatises.

It would appear, from a perusal of the writings of the earlier physicians, that there was hardly a subject connected with either the theory or practice of medicine, upon which their ideas were more vague, or their curative intentions more widely different, than that of disordered respiration. Nor is this strange; for, throughout the entire animal economy, there is not presented a function of more extended sympathy. The organs upon which it is dependent are so numerous, delicate and complicated, both in their individual structure, and their various dependencies, as to render the cause of functional derangement exceedingly obscure, if not altogether problematical.

Most authors have agreed in dividing asthma into two species; humid or moist, and dry asthma; the one of free bronchial excretion—the other of scanty expectoration, or none at all. There appears to be some good reason for this distinction, in directing our curative process, and we shall,

as far as practicable, adopt it, though not with that absolute distinctness that marks theory oftener than practice.

The most important matter relative to the treatment of any disease is, the *proximate cause of derangement*. With remote causes we have little to do, or little to any practical purpose. The love of speculation has always kept the field well improved, and the ambitious scholar has here found a wide but misty range over which to broad-cast his assertions and plant his doubts. But with all the labor and all the ingenuity the results have been specious, and speculative, rather than valuable or of much practical account. To the majority of such efforts we may with propriety apply the adage—" *Montes parturient et nascitur mus !*"

Since, then, in the palliation, or cure of this disease, our attention should be directed to the immediately disturbing causes, we will proceed to enumerate some of them ; and,

Firstly.—Among the most common causes of asthma, as well as dyspnoea generally, is gastric derangement, and that form of it usually denominated dyspepsia.

Secondly.—Organic derangement ; malformation of the spine, and the walls of the chest, or its contents ; hypertrophy of the heart, and ossification of the larger bloodvessels.

Thirdly.—Spinal irritation, independent of mechanical derangement.

Fourthly.—Nervous temperament.

First. Gastric derangement.—In a general way, it may be premised, that the disease is usually ushered in by an indescribable sense of tightness about the chest, as if it was closely bound, heaviness over the eyelids, drowsiness, pyrosis, fulness of the stomach, with much flatulence, a sense of weight and tightness about the forehead, headache, a peculiar lassitude, straitness of the præcordia, accompanied with nausea, fulness, eructation, or a disposition to eructate without the ability. I have noticed this as a very urgent and distressing symptom, especially when the disease occurs under the first division of causes. There is sometimes a gaping, as if sleepy, but followed only by anxiety, or disturbed rest. There is also a voiding, in profuse quantity, of pale urine, attended with some urgency at stool. The urine, though usually high colored, is not uniformly so ; it is sometimes very highly colored, leaving a copious reddish-brown deposit. It is of importance to note this, since the diminution of the deposit, with the restoration of the natural color, is often one of the first intimations of the termination of the paroxysm, and the approach of convalescence. This inordinate flow of pale urine is sometimes also the only precursor to the paroxysm.

These are the general premonitory symptoms of the disease, whatever may be the cause of its accession. They are rarely all present in the same individual ; seldom more than two or three of them are prominent. I might mention one other premonitory symptom, which I think I have sometimes observed—namely, a very peculiarly disturbed respiration, wholly unlike the breathing during the paroxysm, nor yet like that disturbed function so uniformly dependent upon disease ; particularly during the early stage of inflammation in the respiratory system. I know not

how to compare it—unless it is like a whirring—a *bruit de soufflet*—or the noise of the passing of air from a bellows.

As has already been observed, the disease is one of more distress than of immediate danger. It is a kind of Tantalus, depriving us of the enjoyment of that element, which is all around us, and of which we are the most in need. Being the thief of quiet rest, like other thieves it usually makes its approach at night, when its victim is sleeping most soundly. One reason for this may be, that, in the recumbent position, there is less freedom for a uniform distribution of the sanguineous fluid; the chest is more confined by the weight of the body, the pressure of the front walls of the chest, and also by the falling back of the contents of the abdomen against the diaphragm, thereby diminishing the pleural cavity.

Moreover, as Dr. Good has very justly observed, respiration is so much a voluntary action, that, although it continues during sleep, it is nevertheless considerably aided by the concurrence of the will. Hence the most favorable period for the attack of this complaint is precisely that time in which it usually makes its appearance—during a recumbent position of the body, when the muscles of respiration are destitute of the active stimulus of volition. I have also observed that the hour of sleep is oftener chosen for an attack in its earlier accession than after the paroxysms have become habitual—for then they are constantly occurring at the presence of any and every exciting cause.

From the enjoyment of the soundest and sweetest sleep, the patient is suddenly summoned to a paroxysm of inexpressible anxiety and distress. He longs for the largest liberty, but finds himself most uncomfortably straitened. The sensation is that of being stifled or shut out from the air. He strips himself of everything that may be pressing upon him, breathes with a peculiarly distressing spasmodic action, and a whirring noise, and, if able to rise, rushes involuntarily to the window, or calls, if able to utter, for the free admission of cold air. There is a more or less urgent attempt to cough, and expectorate, succeeded by a discharge of a small quantity of cold frothy mucus; this becoming more viscid and copious as the paroxysm advances, until relief is afforded. The discharge is sometimes streaked with blood, and resembles the ordinary catarrhal discharges from the nasal passages. The pulse is often not much disturbed; it is sometimes very full, but not frequent, and again weak, very irregular, frequent or even intermittent.

Under the first head of causes, the stomach and small intestines are often much distended by flatulence, which, passing off by its proper issues, affords considerable relief. The disease progresses much after the manner described until the subsidence of the paroxysm; the usual period of which is four or five hours—seldom less, often more. If some return of it does not follow him through the day, and muster in full force the succeeding night, the patient may consider himself more than ordinarily fortunate.

Though usually attacking in the night, yet it is in this, as in many other particulars, very capricious. It occasionally occurs at early morn, while at mid-day the breathing is perfectly natural, and remains so until the

succeeding night is far advanced, when the same difficulty again returns with the returning light. To such a person the darkness of midnight is better than the dawn of day. I once knew a patient who suffered from an attack every other day for more than two years, precisely at the hour of dining, and previously to taking his meals. He broke up the habit by prolonging his first meal, and omitting the second altogether.

During the paroxysms the temperature of the surface of the body falls somewhat below the standard of health, and the skin is often somewhat shrunken. It has also been remarked by some, that the expectoration varies inversely with the discharge of urine; when the one is full, the other is scanty; but we have never noticed this alternation.

The peculiar whirring noise, above referred to, is produced by the passage of air over the irregular surface, caused by a morbid accumulation of mucus in the bronchial passages. The continually returning difficulty of breathing gives to the asthmatic a peculiar cast, characteristic of the disease.

When asthma has once occurred, its tendency is to become habitual; and the sufferer may, with too much reason, expect its occasional return during the remainder of life, particularly if the first exciting cause cannot be removed. Indeed it is extremely rare that the patient escapes with only one attack. The breathing and general health may be better through the day and early evening, but as night advances, comes the troublesome visitor; inflicting the same torment as on the previous night, though, it may be, with abated severity. Indeed, in most cases each succeeding night finds the patient easier, until free breathing and undisturbed repose are thrice welcome.

The disturbance of respiration is usually aggravated by motion, the pressure of the bed clothes, or anything depending unduly upon the chest, or even in some cases by tight shoes, or whatever disturbs respiration ordinarily. The upright posture is usually the most easy, for the simple reason that in it, the cavity of the chest is most enlarged, and the muscles of respiration play with the least restraint; the back is free, the walls of the chest expand, and the diaphragm falls down upon the descending viscera, thereby increasing the pleural cavity in every possible direction. Hence patients instinctively resort to this position at every approach of this frightful disease.

We will now very briefly give our reasons for believing that gastric derangement is often a mediate cause of the disease in question. It has been denied that asthma is the result of spasmodic action, because the anatomical structure of the parts affected, viz., the bronchial tubes, precludes the possibility of spasmodic action; inasmuch as it is a universally-conceded fact, that muscular fibre is the only tissue obnoxious to this action. Now the bronchial tubes are everywhere, throughout their structure, chequered and surrounded by a collection of minute fibres. These fibres may, in some forms of disease, be easily demonstrated, especially in the larger branches; but ordinarily, and in the minute ramifications, they elude the dissection of the anatomist. Although these fibres do not present, even under the microscope, the ordinary appearance of muscle,

yet it has been clearly proved, by a series of galvanic experiments, instituted for the purpose, that they are capable of being excited into alternate contraction and relaxation by the agency of the fluid. They are consequently subject to spasmodic action, or, in other words, they are minute muscular tissues, pervading and enveloping the air tubes and cells, and are intersected and ramified by the par-vagial nerves. Since, then, any irritation of these nerves would occasion the spasmodic action of the fibres through which they ramify, we can readily understand, by the well-substantiated theory of reflex transferred irritation, how any derangement of the gastric apparatus would directly excite the disease in question. Morbid acuteness of the nerves of organic sensibility is oftener depending upon some derangement of the function of digestion, than upon any other cause. The disturbed impression is conveyed to the nervous centres, and thence reflected to the sympathizing organs, viz., the bronchial vessels, by the excito-motor nerves of these organs. Moreover, unless the processes of chymification and chyfication are properly performed, the chyle will fail to reach the lungs in a fit state for oxidation in those organs; there will follow an elimination of imperfect blood, and the lungs will not receive their supply of healthy stimulus; the sequence of which will be, undue determination of sanguineous fluid, congestion, irritation; and, in a fit habit, the whole train of alternate spasmodic action, so frightfully distressing in the confirmed asthmatic.

It appears to me that the foregoing view makes it very plain, that want of integrity in the digestive apparatus is oftener a cause of the disease under consideration than is usually conceded.

A little reflection upon the general health of the asthmatic, and the similarity of many of the precursory symptoms, with those of dyspepsia, will render the subject still clearer. Besides, the treatment by which we may expect a cure in the one case, will almost invariably afford more or less relief in the other. In our treatment of the disease when occurring under this class of causes (gastric derangement), we are to pursue the ordinary palliative course. With regard to the relative importance of our treatment as being radical or palliative, while some contend that nothing can be done during the paroxysm, others as stoutly affirm that our curative efforts must cease with the fit. Both these positions may be true. The promise of relief or cure will in most cases depend upon the nature of the exciting causes.

The first object will be to relieve the stomach of its contents, and determine to the surface. To effect this, an emetic may be administered. Ipecac. is the most preferable, as it is the less violent in its operation. The earlier it is given, after the symptoms approach, the better. It often acts most favorably in union with squills, particularly the vinegar of squill. If the vomiting prove excessive, cold water, with a cataplasm over the epigastrium, is highly serviceable. When necessary, the nausea may be protracted by vinegar of squill or lobelia. The only case where *vinegar* of squill is contra-indicated is in cases of acidity, and then magnesia or chalk may be combined with the nauseant. For the correction of flatulence, the usual carminatives, united with assafoetida, unless the latter

prove too stimulating, will be of service. The disposition to acidity, especially when combined with a tendency to lithiasis or a podagric diathesis, must be corrected by lime water or the alkaline earths, particularly magnesia. I have known this earth alone effect an entire cure in a case of chronic asthma dependent upon imperfect indigestion. The bowels should be gently moved; but free purging, or repeatedly violent vomiting, are both manifestly injurious. Rhubarb, combined with magnesia and soap, is a good laxative. Small doses of ipecac., with some vegetable bitter, as gentian, or colombo, have proved a healthy stimulant, and contributed largely to a change in the action of the secretents of the stomach. We have done much in allaying irritation by the subnitrate of bismuth. In short, whatever corrects the dyspeptic diathesis, will be found to relieve the asthmatic symptoms. Lobelia, operating as an expectorant and narcotic, we have found useful.—R. Tincturæ lobeliæ, f 3 ss.; acet. scillæ, f 3 j. M. Give every hour or two. Also the following in a cold, lax, phlegmatic habit:—R. Tinct. lobeliæ, tinct. assafœtidæ, vini ipecacuanhæ, aa f 3 ss.

When there is a manifest disposition to catenate with pleurisy or peripneumonia notha, we have derived great benefit from the following combination:—R. Infus. sennæ, f 3 ss.; acet. scillæ, f 3 ss.; liq. ammon. acet., f 3 ss. M. Cap. q. t. h.

The excessive spasmodic action is often allayed by the inhalation of the smoke of narcotics, especially that of stramonium root. Emollient and carminative enemata are useful where there is a disposition to costiveness, with an irritable condition of the abdominal viscera. An excellent sedative diaphoretic is the Dover's powder, exhibited in pretty full doses every three or four hours. Diuretics, in combination with opium, are proper, as revellents. They are most serviceable in cachectic, dropsical habits. The following recipe may be given with this intention:—R. Pulv. jalapæ, gr. x.; pulv. potassæ bitart., 3 j.; pulv. opii, gr. i. M. Administered twice a day.

For the immediate *relief* of the paroxysm, there is no class of remedies upon which we may so confidently depend as upon expectorants. They relieve the enlarged vessels. When the secretion is copious, they remove it, and where it is scanty they excite a remedial flow. As observed above, squill and ipecac. in combination form our best dependence. It sometimes, though rarely, happens that the diuretic action of the former should be checked by opium. Nauseating doses of the above may be administered *pro re nata*. Alliaceous demulcents are often exhibited with advantage.

In full two thirds of the patients that have come under our observation laboring with asthma, the symptoms of indigestion in some form have been prominent, both before and after the attack. Pyrosis, dulness, præcordial oppression, fulness, nausea, flatulence, constipation, &c., the constant symptoms of the one, are no less characteristic of the asthmatic habit. Notwithstanding all this, I believe that asthma does not so often depend upon a simple physical condition of the system, as upon a positive and actual imperfection, or contamination of the blood. The latter state

is produced by a deficient, or imperfect assimilation of matter going to make up the sanguineous fluid; dependent upon a chronic derangement in the digestive, or assimilative apparatus. This want of integrity in the blood, by the sympathy of irritation, produces a constant tendency to a preternatural determination to some part, and every one, familiar with the phenomena of respiration, knows that the organs concerned in the performance of this function, are, of all others, the most liable to suffer from sanguineous turgescence; and, as a preternatural fulness is often an immediate cause of the asthmatic paroxysm, we can again easily see how large a share imperfect digestion has in its production.

Much may be accomplished in the disease occurring under this form, by a well-pursued, judicious prophylactic or hygienic treatment. The first thing of importance is, that the diet should be mild, nutritious and easily digested. Those articles of food should in all cases be selected, which yield the most nourishment with the least tax upon the digestive and assimilative apparatus. All high-seasoned food, as pastry in all its forms, newly-baked bread, particularly when heavy and clammy (of which, for the credit of our housewives, there is far too much), fish, &c., should be avoided. Not that I would be understood to recommend a vegetable diet, but to use the more stimulating articles of food sparingly. Moderation in eating, combined with proper exercise in the open air, will contribute more to a healthy action, a due supply of proper blood, and a consequent equal distribution of that vital fluid, than anything besides. It is also of importance that the asthmatic should allow himself sufficient healthy exercise in the open air and light, and, when practicable, in the open fields. Attention to these particulars will contribute much to that free, easy and cheerful state of mind, of so much importance to perfect well-being. This becomes of more consequence inasmuch as the asthmatic is peculiarly exposed to the ill effects of gloomy, depressing mental emotions, and an irritable, nervous habit. Regular seasons for partaking food, and early hours for rest and rising, should be observed.

Since an asthmatic temperament is so easily affected by atmospheric vicissitudes, so subject to suffer from a torpid action of the cutaneous excretories, ordinary precaution will dictate the use of light and warm clothing, to protect from the evils of the one, and to stimulate the functions of the other.

I would again caution against the use of too little food, as an evil next in degree to too much. Proper repletion will render to the organs of digestion that degree of stimulus necessary to a healthy energy. Each organ needs its appropriate exercise, and requires a supply of that upon which it is to perform its functions.

[To be concluded next week.]

MEMOIR OF LUKE HOWE, M.D., LATE OF JAFFREY, N. H.

[Communicated for the Boston Medical and Surgical Journal.]

THE following brief sketch of the life of Dr. Howe was read before the New Hampshire Medical Society, at their late annual meeting in June, by James Batcheller, M.D., of Marlborough. The Society passed a vote to have it published in the Boston Medical and Surgical Journal.

Luke Howe, the subject of the following memoir, was born at Jaffrey, N. H., March 28th, 1787. His father, the late Dr. Adonijah Howe, was a respectable and much-esteemed physician, and a worthy and very exemplary citizen. He commenced the practice of medicine at Jaffrey, soon after the town was incorporated. He had four sons, all of whom received a collegiate education. Three studied the profession of medicine, and became eminent. The youngest son studied divinity; but the period of his earthly existence was short. His early death was deeply lamented by the church and parishioners over whom he was settled. The whole family, consisting of four sons and three daughters, are now, with the exception of one daughter, numbered with the dead.

Dr. Luke Howe did not commence his literary studies till 20 years of age. Up to this period he had been engaged in, and felt somewhat attached to, agricultural pursuits. He, however, changed his views, and commenced preparing himself to enter college with a most commendable degree of industry and perseverance. He entered Dartmouth College, as Sophomore, in 1808, and graduated in 1811. Soon after leaving college he commenced the study of law, in his native town, with Samuel Dakin, Esq. He also spent considerable time in the office of the Hon. Samuel C. Allen, of Northfield, Mass., who was for many years a member of Congress. He closed his legal studies in the office of the Hon. and distinguished Nathan Dane, of Beverly, Mass. He commenced the practice of law in Jaffrey, with the prospect of becoming distinguished. But he had been in business but about one year, when his brother, Dr. Adonijah Howe, Jr., who was associated with his father in the practice of medicine, was suddenly removed by death. This truly grievous dispensation disappointed the hopes and expectations of the father, who being in the decline of life was anxious to resign his business into the hands of his son. He strenuously urged and importuned his son Luke to relinquish the practice of law, and commence the study of medicine. The son finally yielded to the solicitations of his father, and commenced the study of physic with him. He attended medical lectures at Boston and Hanover, and received the degree of M.D. from Dartmouth College in the year 1818. He associated himself in business with his father in Jaffrey, where he continued till his death.

In the few brief remarks I have to offer in relation to Dr. Howe as a physician, I do not wish to exhibit him as the wonder of the age in which he lived, or as far outstripping all his cotemporaries. Could he speak from the grave, he would denounce such a description as false and fulsome flattery. I wish simply to describe him as he was—a very industrious, studious, investigating, discriminating and faithful physician—highly beloved

and esteemed by his patrons. The limited circle in which most country physicians move, usually prevents their fame from being published to any great extent, let them be ever so meritorious. A single meritorious act, performed by a city physician, will probably be chanted by tens of thousands, and pass from city to city; while similar or superior acts of the country physician, will be perhaps merely noticed by a few friends in the immediate proximity to the transaction. There are many traits in the character of Dr. Howe, highly commendable and worthy of imitation. In his intercourse with neighboring physicians, his conduct was in an unusual degree honest, frank, gentlemanly and confiding. He never was guilty of an attempt to shake the confidence of friends in the attending physician, by significant nods and jesuitical inuendoes, of which some physicians, claiming a high standing, are guilty. I will hazard the assertion that there was not a physician favored with his intimate acquaintance, who was not his personal friend. He possessed an inventive genius. He was not content invariably to walk in the old paths marked out by his predecessors, but would occasionally step aside as a bold pioneer, in pursuit of new discoveries and improvements. He had considerable taste for surgery, but his local situation was unfavorable for extensive surgical practice, being in the immediate vicinity of one of the most distinguished surgeons in the State, between whom and himself, I am happy I can truly say, there existed the most intimate and cordial friendship. Dr. Howe felt no desire to place himself in the position of a rival. He, however, performed a few cases of amputation, and was frequently called to cases of fracture and dislocation. During the last years of his life he became associated with a young physician as partner, which gave him more leisure to pursue his favorite inclination of attempting to make improvement in the apparatus used in certain surgical operations. He has invented several new kinds of splints, calculated for fracture of the femur, tibia and fibula, the fore-arm, and also the clavicle. He invented a new truss; also what he terms the semicircular tourniquet. He attempted some improvement in the abdominal supporter. They will doubtless prove a valuable acquisition to the store of medical knowledge of the country. Of these models, most of them, I believe, have been exhibited before the N. H. Medical Society, and received due commendation as constituting valuable improvements. The Trustees of the Mechanics' Association of the city of Boston, presented Dr. Howe with a silver medal in commendation for the valuable articles which were exhibited and examined by them at a recent fair. A few years since, Dr. Howe published, in the *Boston Medical and Surgical Journal*, a description of the articles he had invented, with the mode of application, and various valuable suggestions. It was also published in a pamphlet form, with accurate plates. His apparatus for fracture of the tibia and fibula, which he terms "the posterior concave splint," is a most valuable improvement, and ought, in my opinion, to be universally adopted, as it fulfils all the indications more certainly than any other method—mitigating, in a great degree, the suffering of the patient, as he can leave his bed every day if he desires, and is almost sure to prevent displacement. I wish

every physician would try it. His semicircular tourniquet has one peculiar advantage, as by it we can effectually compress a single artery, and leave the circulation of all the other vessels of the limb unimpeded. Dr. Howe frequently contributed valuable articles for the Medical Journals, showing much research and a discriminating mind.

He devoted much time to investigating the disease peculiar to clergymen, which he termed the "Minister's Ail." The result of his investigations he read before the State Society at their meeting in June previous to his death. This article showed much laborious research, and embodied many valuable practical facts and suggestions. Dr. Howe sustained, through life, a character for strict moral honesty and integrity. He at various times held many minor offices, the duties of which he discharged to the satisfaction of all. At the time of his death he was President of the N. H. Medical Society.

He was actively engaged in the various humane enterprises of the day, having for their object the elevation and amelioration of the human family. The cause of temperance received a great share of his benevolence. He drafted the first set of resolutions that were adopted by any medical society on the subject of temperance, and presented them to the Western District of the N. H. Medical Society. He delivered many lectures on the subject.

His fees for medical services were low, especially to the poor. On the subject of religion, he was a believer in those doctrines termed evangelical. Some eight or nine years before his death, he made a public profession by uniting with the Congregational church. His Christian walk and conversation proved him to be a sincere and devoted member. He was a very affectionate husband, and a most kind and indulgent parent. He was not a blank in society. He had no leisure for idleness. It was a maxim with him to fill up time with duties. He spent his whole time in visiting the sick, perusing his library, and contemplating new methods of improvement in the profession. He felt a deep interest in the elevation of the profession, and was a deadly enemy to quackery and empiricism in whatever form. He had no faith in the secret nostrums of the day, comprising the whole family of the popular patent medicines. Some might have thought him too severe in his denunciation, but those best acquainted knew he was influenced by a sincere regard for the welfare of the community, rather than any sinister or unworthy motive of self-interest. He was in favor of a thorough education preparatory to the commencement of the study of medicine. This, connected with a more thorough study of the profession, would, in his opinion, be the most effectual means of discountenancing empiricism and preventing its increase.

After all, Dr. Howe laid no claim to perfection; he also had his faults. But this is only saying that he was a man, subject to the imperfections, the passions, the temptations and weakness of poor, frail, dependent human nature. But it may truly be said that he restrained, overcame and counteracted many of the evil propensities of our natures, when thousands fail in the conflict.

The final, closing scene was sudden and unexpected. He visited

Boston and Andover, enjoying an unusual flow of spirits. At Andover he read his dissertation on the disease peculiar to clergymen, before the Faculty and students of the Theological Institution, which excited much interest. The students, as an expression of their high regard for the author, and for the valuable suggestions contained in the address, wrote a letter of thanks to Dr. Howe, expressing in the most kind and flattering manner their high appreciation of the value of his discourse. Their letter was received by his friends on the day of his funeral. During his pleasing journey to Boston and Andover, he was under constant excitement, receiving the gratulations of friends, and many testimonials of regard. He arrived home on Wednesday evening, and considered himself in usual health. In the morning he complained of a little indisposition; but he dressed and left his bed every day during his sickness. No dangerous symptoms were discovered till on Thursday morning, of the next week, Dr. Richardson, his partner, who had visited him frequently, discovered symptoms unfavorable, and indicating danger. I was requested to visit him. This was on the ninth day of his sickness. I did not arrive till 11 o'clock, P. M. I found him in the arms of death. He recognized me, told me he supposed he was dying, reached out his cold hand, and affectionately pressed mine as the last token of friendship and remembrance. His spirit took its flight December 24, 1841. On his death-bed he enjoyed the unspeakable consolations of religion, and departed in the full belief of a glorious immortality. His funeral was attended by an unusual number of his medical brethren, and a large concourse of his immediate friends and townsmen, who evinced their deep sorrow by signs more expressive than words.

FATAL DISEASE ORIGINATING IN COSTIVENESS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. G., about 40 years old, married woman, with three children, had lived for several past years "*absque marito*." Her constitution from her youth was supposed to be rather delicate, though she seemed to enjoy perfect health. Her first definite ail appeared to be costiveness and distress from food. She endeavored to obviate these symptoms by cathartics *alone*. They produced the desired effect, but during and after the operation she thought it necessary to abstain from *all exercise*, and take the *smallest* quantity of the most *simple* nourishment. Of course the costiveness recurred with greater severity after each cathartic. These bad consequences were always incorrectly ascribed to the medicine. Of course each medicine was rarely repeated, but some new one substituted. This very sage mode of treatment was continued from year to year, with occasional apparent relief. Consulted good medical advice at long intervals, and obtained various cath. mixtures, and the necessary conditions as to exercise and diet; but looking only to the *medicine* for a cure, she almost or quite disregarded the additional advice. She also at times had advice from strengthening doctors (Dr. Richardson, for instance, of

Bitter notoriety), from humor doctors (Stewart, perhaps), or followed after Brandreth and the rest of the drastic fraternity. Finally, the symptoms assumed a more distressing and alarming appearance. Food of almost every kind distressed her, all exercise seemed out of the question; in short, she was completely bed-ridden, with frequent and severe pain or distress of stomach. This by some was called *tic douloureux* of the stomach, from a supposed transfer of this affliction of her face, which had previously much troubled her. It was with difficulty she succeeded in getting into her stomach the smallest bulk of the most simple food. Towards the close of life, she was supported almost entirely with small quantities of cordial medicine or spirituous applications to the skin. Before she died she lost her sight completely, her hearing almost entirely, and also the power of articulation. She was able to move her fingers and the muscles of her face, but was always turned and raised in bed, and fed by manual assistance. The stomach finally rejected everything, and spirit to the mouth or skin alone supported life. She had no natural motion of the bowels for a month before death, and but a few and very small ones, of a light yellow color, by injections. Before death she was seen several times by Dr. Alden, of Randolph, who without a particular examination supposed it probable she labored under the hopeless disease of *schirrhus* of one or both orifices of the stomach. Dr. Stimpson, of Dedham, also was called several times, and finally gave as advice, that she should abstain from all drugs as remedies; but also recommended the course most likely to relieve. (What his diagnosis was, is not known.) The patient and her friends drew their own inferences from *part* of what he said. They reasoned thus: "the doctor pronounces her beyond the reach of all his drugs—therefore her case is incurable, hopeless and necessarily fatal." (False logic.)

Post Obit.—On opening the abdomen (the parietes of which were much less emaciated than customary with those who die with cancerous affection) there was no appearance of stomach, and no appearance of disease, except slight enlargement of the liver, and enlargement of the gall bladder (four times natural size), filled with fluid bile, blacker than ink. Looking more particularly after the stomach, it was found in its natural situation, *uncommonly* contracted, but with no appearance of "*valvula conniventes*" of small intestines or of longitudinal bands of large intestines. The curve of the stomach was natural, its diameter about that of a healthy duodenum, and completely empty. Small intestines moderately distended; large intestines full of dry, rather hard *fæces*, of a light yellow color. Stomach was opened and found completely empty; color less vivid than natural, but very pale; no ulceration, no obstruction of either passage. *Œsophagus* little redder than natural (mouth had been very sore and inflamed before death). No appearance of any bile in stomach. Duodenum rather paler than natural, nearly empty, with no appearance of bile. The bile, as said before, was very black, consequently none passed from liver or gall-bladder. Ductus communis was divided, and found of a gristly hardness, and *apparently* obstructed

entirely. Lungs, heart, kidneys, bladder and intestines of perfectly healthy appearance. Uterus slightly enlarged.

As the complete obstruction of bile would account for all the symptoms while she was living, and for her subsequent death, the examination was closed. The stomach rejected all food, because of the absence of bile, its natural stimulus and protection. Was there no bile, from physical obstruction? or did the stomach refuse to receive its natural stimulus, because deprived so long and so often of its natural food? Or did the extreme sensitiveness of the internal coats of the stomach arise from some other cause? Costiveness seems to have been the first cause; want of proper food, the next; extreme sensitiveness, the third; and complete obstruction (physical or sympathetic), the last. The small and large intestines, being deficient of bile, did not fully perform their natural function (to help digest and forward what passes from the stomach). Whatever came into them became dry and hard from absorption, but there was no peristaltic action; and they retained whatever was put into them, as a bag retains its contents till they are removed or the bag bursts.

I hope the relation of these *facts* may enforce on physicians the great necessity of giving caution to their patients; and on patients, the necessity of implicit confidence in their medical adviser, and strict obedience to his directions.

Yours respectfully,

Canton, Sept. 20, 1843.

T. K. THOMAS, JR., M.D.

THE TARTAR ON THE TEETH.

Read by M. Mandl at the Academy of Sciences.

A SORT substance, of a whitish or yellowish color, is habitually deposited upon the teeth, and sometimes becomes firmly fixed to them. This substance may accumulate in greater quantities, and growing firmer by degrees may form the hard and dry concretion known under the name of tartar. It increases in bulk by the fresh layers deposited on its surface. According to an analysis made by Vauquelin and Laugier, tartar consists of sixty-six parts of phosphate of lime, nine of carbonate of lime, fourteen of animal matter (of a yellowish white, different from the gelatine of bones), and three parts of oxide of iron and phosphate of magnesia. Other chemists have found the proportions different; sometimes the phosphate of lime was more abundant, and sometimes the animal matter (or mucus).

Authors have been much occupied with the manner in which this substance is produced. Is it a secretion, as some have written? Is it a deposit of the earthy salts contained in the saliva, and precipitated by a chemical agent, as medical books have reported for ages? Is it an earthy exhalation from the capillaries of the blood, to which the mucous membrane of diseased gums is prone?

Not one of these hypotheses has been proved; not one has the sanc-

tion of direct experience. Moreover, they are all sufficiently refuted by the following investigations into the composition of tartar.

It results from the experiments of M. Mandl that tartar is nothing but a deposit of the skeletons of dead infusoria, agglutinated by dried mucus; nearly as certain earths, according to the researches of M. Ehrenberg, are composed almost entirely of fossil infusoria.

In fact, if we take some of the mucous matter which is accumulated upon and between the teeth, and dilute it with a little distilled water previously warmed, we shall immediately perceive a host of infusoria, which move about with great liveliness. Their size varies from 1-500 to several hundredths of a millimetre; and their shape is the same as that of the infusoria described by authors under the name of *vibriones*.

The presence of infusoria in mucus was pointed out by Leuwenhoek; but M. Mandl sets forth in all their details, the shape, liveliness, and other qualities of these infusoria.

These animals also exist in great quantity in patients who have been several days on low diet. They also constitute the greatest part of the mucous coating of the tongue in persons whose digestion is disordered. (According to an analysis of M. Denys, the chemical characters of this coating agree with those of tartar.)

After having ascertained the presence of infusoria in the mucus of the mouth, M. Mandl tried to find out whether these animals assist in forming the tartar also. For this purpose he softened a particle of tartar in a drop of water for twenty or thirty minutes, and after compressing it between the two pieces of glass, he distinctly saw that the tartar was composed of dead vibriones, of different sizes, but generally measuring several hundredths of a millimetre, united by an organic substance (dried mucus) the quantity of which is variable. The tartar is often almost entirely composed of these vibriones.

Hence it follows that these vibriones are provided with a shell, or inorganic skeleton [*squelette inorganique*], since tartar is found consisting entirely of these vibriones.

This shows, too, why cleanliness, and the use of tonic or alcoholic fluids, prevent the formation of tartar by preventing the production of the infusoria.

To recapitulate, it appears:

1. That there is a great number of vibriones in the mucus which accumulates around and between the teeth.

2. That tartar arises from an accumulation of dead vibriones, and consequently cannot be considered either as a calcareous substance deposited by the saliva, or as a peculiar secretion.

This discovery of the composition of tartar is as new with reference to Leuwenhoek's observation, as the researches of Ehrenberg touching the composition of diluvial soils were new in reference to the well-known fact of the existence of infusoria in water.—*Gazette Medicale*.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 11, 1842.

Counsellor's Meeting.—On Wednesday last, the Council of the Massachusetts Medical Society held a semi-annual session at the Masonic Temple, in this city. Of late, these meetings are remarkably quiet, and seasonably come to a close. This is, in fact, the true method of legislating—talking but little, and doing promptly what is to be done. Physicians, formerly, were proverbially poor business men, on account of the indomitable determination of some individuals to speak on all occasions and upon every subject, however trifling or unimportant it might be. Certainly the age is improving in one respect, since the faculty are beginning to be distinguished for despatch in their public meetings.

Medical Matters in Tennessee.—At this late period—for the transactions about to be mentioned took place last May—a record of the doings of the Medical Society of Tennessee has been received.

On the 14th anniversary the members met in the city of Nashville, where they transacted their business in a style characteristic of men who thoroughly accomplish whatever they undertake. In the United States there is not another body of medical gentlemen distinguished for such spirited activity and boldness in official affairs, as the energetic physicians of Tennessee. If one of their number is selected for the performance of any particular duty, and he fails to do it, after having voluntarily accepted the trust, he is mulcted in a specific sum—a fine, in cash, that will ever after make him remember that he cannot trifle even with his intimate friends, where business is concerned. Thus, Dr. Smiley, appointed, among others, to read a case—being absent, was fined \$2, for "*neglect of duty.*" Dr. Goodlet, absent—for non-performance of duty, not reporting one or more cases, by previous agreement, \$2. Dr. Saudek fined \$2 for a similar offence. Dr. Jones, of Jackson, came near the same penalty, but made an apology through the president and got indulgence till the next meeting. Dr. Barbour, "not having yet appeared, was fined \$10 for omission of duty." This must either have been an aggravated offence, or the society was deprived of eight dollars' worth of pleasure and instruction, more than where the fine was only two. Dr. Brown, of Columbus, was fined \$25 for not reading an annual oration, "*already a year in arrears.*" No case read by Dr. Cliffe—fined \$2. Dr. Wilson, of Pleasant Exchange—non-performance of duty, \$2. So they were knocked off, auctioneer like, and about as fast, which must have been any thing but a *pleasant exchange* for some of them.

On the other hand, several excellent papers were produced, exceedingly creditable to the authors. Dr. Yandell addressed the Society on the life and character of Dr. Samuel Hogg, late President, which is appended to the general report, and for which he received fifty dollars. A plan was

proposed for the speedy organization of an anatomical museum, or rather cabinet of anatomical and pathological preparations, to be located in the city of Nashville. For this very desirable purpose, it was resolved that each member should annually contribute two dollars.

Another resolution was adopted, that may yet be of incalculable importance to the profession and the inhabitants of the State. It is now felony to take a dead body in Tennessee, and punishable with imprisonment in the penitentiary for not less than two nor more than five years. A committee of three was chosen to memorialize the Legislature, and ask a reasonable modification of the law, to be in accordance with the spirit of the age, and in conformity to the system of other States. It is abominable to require that physicians and surgeons shall understand anatomy, thoroughly, and yet make it a crime to be detected in the act of learning just what the statute declares they shall unconditionally know. This movement of the Society is very wise, and shows, what we have long entertained in regard to that body, that it is constituted of able, active, far-seeing men.

Dr. Richardson read a very able address, says the report, which was directed to be published in the Louisville Journal. Dr. H. R. Roberts, of Columbia, was selected for orator next year.

Paine's Materia Medica.—A correspondent is desirous of calling the attention of the profession to the neat and useful little book prepared by Dr. Martyn Paine, of New York, some one or two years ago, which was noticed in the Journal at the time of its appearance. The writer of a note before us remarks—"Let any medical man examine that work, and keep it on his table as a book of reference, and if I am not mistaken, he will find himself amply remunerated for his trouble and expense." We concur very fully in this opinion—believing the treatise altogether superior to very many publications of higher pretensions. Dr. Paine is an accurate physician; his facts are numerous, and certainly are as valuable as those from any other source.

Hydro-Medicant.—This is a term derived from the Greek words signifying the application of remedies with moisture, which Dr. Mattson, of this city, has recently invented for administering what he terms *hydro-medicated baths*, and also the Russian or vapor bath. It is particularly recommended by its portability, for the entire apparatus does not weigh more than 18 or 20 pounds, and may be packed in a box—making a part of the invention—which measures 15 by 27 inches, with a depth of 8 inches. The tent, in which the individual takes his seat during the bath, may be erected in a few minutes, and makes a handsome piece of furniture. The vapor is generated by means of a newly-constructed wire-gauze furnace and spirit lamp, whereby the water is boiled in about three minutes, so that it does not require more than 10 minutes, including the time necessary for erecting the tent, to get a bath in readiness. The amount of alcohol consumed does not cost more than three cents. The apparatus, moreover, is so constructed that an individual may take a bath, if he desires it, without the aid of an assistant, which is no doubt a desideratum. Dr. Matt-

son intends to accompany the apparatus with a treatise giving full directions for the management and employment of the latter, both as a luxury, and a remedial agent in those forms of disease in which it has been found appropriate and useful. The inventor is anxious to call the attention of practising physicians to this economical, and, as he thinks, exceedingly useful piece of mechanism. Since all admit that baths are essential modes of medication, the more familiar the people are with simple processes for administering them, the better it must be for the public health in every community.

Surgical Operations on Horses.—In Dr. Stewart's late publication, referred to last week, a minute and graphic account is given of the present condition of the veterinary school and hospital at Alfort, three miles from Paris. The whole is richly worth reading, because it shows the attention of the Government to the wants and necessities of domestic animals in the service of man, in training up persons scientifically to relieve them when sick and distressed. But there is one matter connected with this celebrated school, that is disgraceful to the age, and absolutely wicked. Two days of each week are set aside for operating days, says the author; and old, broken down horses are provided by the Government, for the barbarous purpose of being *dissected alive*. Many of the operations performed, are wholly useless, and the cruelty exercised by the young students engaged in them, unpardonable and disgraceful. Ten or a dozen horses, purchased at about twenty francs a head, are provided on each of the operating days, thrown down, and all their limbs tied together. A tourniquet is fastened to the under lip to keep the head down. From 5 o'clock in the morning till 5 in the afternoon, the poor creatures are subjected to all the mutilations the young barbarians of pupils choose to practise upon them. Each horse has to undergo *sixty-four operations*! Should he still breathe, an end is put to his miseries by being cut up for the use of the menagerie at the Garden of Plants. When the horse is thrown, one holds his head with the abominable tourniquet, while a dozen students cut and hack him in the most disgusting and cruel manner. Some engage in extirpating the eyes, others the ears, taking up arteries, amputating his legs, &c. In a word, the wretched beast is subjected to every operation that can be performed, as well as those which could never be advantageously practised on a wounded animal.

Retention of Urine, with cartilaginous Stricture, and enlarged Prostate.—An interesting case of retention of urine is narrated by Mr. Macilwain, as having occurred in the person of a man, 67 years of age, who had had symptoms of stricture for about twenty years. On examination, the obstruction was found to be situated at the membranous portion of the urethra, and the prostate considerably enlarged. The bladder was greatly distended, having risen nearly to the umbilicus, and the man had a double inguinal hernia, meeting in front of the pubes. Failing to pass a catheter, paracentesis of the bladder, through the abdominal parietes, was practised, the herniæ having been previously reduced, and the contents of the bladder were drawn off. Some relief was experienced from the operation, but the patient soon sunk. On examination of the body, the bladder (in appearance not unlike a gravid uterus) was seen to be enormously thickened.

ed, and of an exceedingly dense, firm structure ; its mucous surface being thrown into large folds, resembling the carneæ columnæ of the left ventricle of the heart, and exhibiting, in different parts, patches of increased vascularity. The viscus contained a quantity of highly-offensive mucopurulent fluid. The prostate was enlarged to double its ordinary size, and just in front of the membranous portion of the urethra, there was a considerable thickening of the canal, of cartilaginous hardness, which had so nearly obliterated it that it would not admit a small probe. There was not any infiltration of urine. The herniæ on each side, which had existed fifteen years, were formed, that on the right by the cœcum, and on the left by the sigmoid flexure of the colon.

Prolonged Period of Gestation.—Charles Bates, Esq., one of the Overseers of the Poor in the town of Weymouth, Mass., recently addressed an official communication to the Overseers of the Poor in Boston, in regard to a pauper, of whom this remarkable statement is made. "Henry Wilson is about *fifteen years old*—and has lost one of his legs. His father's name was John Wilson, and died about *eighteen years since*." It may become a question of curious import, between the city of Boston and the authorities of Weymouth, touching the legitimacy of this boy. In no work on Medical Jurisprudence extant, is a parallel case cited, where a child was born two whole years after the death of his father.

Vital Efforts of the System.—At the last meeting of the Medical Society of the Temple, several curious facts were mentioned. M. Lozes stated that in 1830, a woman broke a pane of glass, and was slightly wounded in the hand ; the part soon got well. In 1838, she was seized with a pain in the bend of the arm, and a foreign substance being easily felt, an incision was made, and a piece of glass four centimetres in length was removed.—A lady, in making a sudden movement, ran a needle into her hand, which she asserts never came out. Some months after, she became in the family way, and during pregnancy complained that something pricked her near the umbilicus. She was, however, delivered without accident, of a fine child. Two months after, an abscess formed itself in the infant's thigh, broke, and a needle, completely oxydated, was expelled, and which the mother affirms to be the identical one that entered her hand.—M. Gaide gave the details of a *post-mortem* examination of a prisoner at Clairvaux. The man had swallowed, eight or ten years previous to his death, an iron fork. The prongs were directed upwards, the back of the fork corresponding to the anterior wall of the stomach ; several excrescences had sprung up on the mucous membrane between the prongs, and kept the fork motionless. The central parts pierced the coats of the stomach, and penetrated the transverse colon ; finally the handle touched Poupart's ligament, which offered a slight depression.

Hydrocele treated by Acupuncture.—Mr. Fergusson, of King's College, was consulted in February last by a gentleman 60 years of age, who had long labored under a hydrocele, which had been recently converted into a hematomoid. On examination he found a hard and sharp projection at the lowest and back part of the testicle, which was supposed to be an

enlargement of the epididymis. The fluid having collected sufficiently by the month of April, it was evacuated by the trocar and canula, and the testicle, submitted to careful examination, found to be healthy. The sharp point previously noticed was very distinct. Mr. Fergusson soon after laid open the scrotum, and passed in his finger, which came in contact with a hard substance, which proved to be an ordinary Whitechapel sewing needle, two inches in length, previously used by the patient in acupuncture. The point seemed lodged in the lower end of the testicle, and the other extremity was held fast in the thickened tunica vaginalis. The subsequent treatment presented nothing worthy of notice.

Protracted Sickness.—It is related in the Exeter Flying Post, an English paper, that there died in Exeter, 12th of August, at Bishopsteigh-ton, near Teignmonth, Nathaniel Harris, a laborer, who has been paralyzed and bed-ridden for a period of 42 years; he was suddenly seized about the age of 18, and has since been fed and attended by three parties consecutively, who have all died in the same room. He was perfectly sensible to the last.

Medical Miscellany.—Dr. Trowbridge, the Professor of Surgery at Wilmoughby University, a well-known and useful practitioner of surgery in the north-western part of the State of New York, has permanently established himself at Watertown.—In the Black River Journal, published at Sackett's Harbor, is an advertisement running thus—"All persons afflicted will do well to call on the *Dutch Doctor*. Dr. Blom is very benevolent, from 3 to 4, daily—Sundays excepted."—Mr. William Abrams died in Boston on Wednesday, Sept. 27th, at the age of 101 years, 8 months and 11 days.—Surgeon Charles Chase, U. S. N., is ordered to the receiving Ship Boston; Surgeon L. B. Hunter, to Ship Princeton; Assistant Surgeon E. Hudson, to Sloop of War Warren at Norfolk.—Dr. McGowan, physician to the Protestant Mission at Jerusalem, has been greatly insulted by some Turkish soldiers, which is likely to lead to some important results.—Glass pipes, coated with bitumen, are made at Lyons, for conveying water—30 per cent. cheaper than iron, and bearing a greater pressure. If this is true, they bid fair to supersede lead in wells and tanks.—A large establishment has been broken up in England, where *tea* was manufactured out of *sloe leaves*.—A Mr. T. J. McNair, somewhere near St. Louis, has published a treatise on animal magnetism, containing its history and gradual advancement in the United States—which might with propriety be styled the march of ignorance.—A resurrectionist has been tried and sentenced to pay \$1000 for disinterring a body in Michigan.—Dr. S. Thomson, the founder of the Thomsonian system of practice, died last week in this city, aged 74.

MARRIED.—At Union Village, N. Y., Anderson S. Dean, M.D., of North White Creek, to Helen Louisa, daughter of Hon. Daniel Frost.—In Clinton, Dr. Russell Canly Poss, of Winthrop, to Miss Mary Mohegan, of Clinton.—In Philadelphia, Furman Leaming, M.D., to Miss Mary Curwen.—At Northville, N. Y., Dr. John Riley, of Edinburgh, to Miss A. E. Slocum.

Number of deaths in Boston, for the week ending Oct. 7, 41.—Males, 19—Females, 22. Stillborn, 3. Of consumption, 5—canker, 2—bowel complaint, 3—brain fever, 1—hooping cough, 3—cholera infantum, 2—lung fever, 4—croup, 1—teething, 2—typhus fever, 1—rupture, 1—diarrhea, 1—dropsy on the brain, 2—disease of the brain, 1—dropsy, 2—child-bed, 1—infantile, 4—inflammation of the lungs, 1—marasmus, 1—decline, 1—old age, 1—unknowns, 1.

Under 5 years, 25—between 5 and 20 years, 1—between 20 and 60 years, 12—over 60 years, 3.

A Caution respecting Nitric Acid.—We not unfrequently see prescriptions in which five or six minims of nitric acid are ordered for a dose, diffused in an ounce or an ounce and a half of fluid. This is a strong dose when the acid is of sp. gr. 1.4, as was the case with the acid generally used until lately. But since the publication of the remarks of Mr. Phillips on the subject, which drew attention to the fact that the acid ordered in the Pharmacopœia is of sp. gr. 1.504, the manufacturers have supplied the article according to the correct standard; and the circumstance not having been sufficiently made known in the medical profession, patients have sometimes suffered from the inconvenience of taking a dose considerably stronger than was intended. In such cases we conceive it to be the duty of the pharmaceutical chemist to impart that information to the prescriber which shall enable him to regulate the dose accordingly.

The maximum dose of acidum nitricum dilutum is stated in the Pharmacopœia to be forty minims (equal to four minims of the strong acid); and we have no hesitation in saying that this quantity is quite sufficient, *unless largely diluted*, to act injuriously on the enamel of the teeth. On reference to some other authorities, we see the dose of strong nitric acid stated as "from five to ten minims;" and on this account might have felt a delicacy in animadverting on the subject, if we had not repeatedly heard serious complaints from patients. An instance lately occurred in which six minims were taken in an ounce of fluid, three times a day. In the course of two or three days, the teeth were found to be seriously injured, to the great annoyance of the medical attendant, who was not aware that he had ordered more than might be taken with perfect safety. In all cases in which it is desirable to administer large doses of this powerful acid, care should be taken to dilute it sufficiently, and the patient should be directed to rinse the mouth with water, or a solution of carbonate of potash, immediately after having taken each dose. These precautions should never be neglected by those who consider the preservation of a good set of teeth of any importance.

We may also observe, that the strong nitric acid should never be used in dispensing in small quantities, as it is impossible to measure a few minims with so much accuracy as a proportionate quantity of the diluted acid.

Nitric acid of sp. gr. 1.504, always contains a considerable portion of nitrous acid, which gives it a pale yellow color. The action of light and air occasions the liberation of oxygen, and the consequent conversion of a further portion of nitric into nitrous acid. According to M. Millon this is the case, more or less, with commercial nitric acid of all densities, but more particularly when highly concentrated; consequently, the Acidum Nitricum P.L. is not a convenient preparation for general use, and should be kept in the dark, and not unnecessarily exposed to the action of the air by the frequent removal of the stopper.—*Pharmaceutical Journal*.

New Books in London.—The Principles of Forensic Medicine—Part I., containing medical evidence, personal identity, age, sex, impotence, rape, pregnancy, delivery, fœticide, infanticide, legitimacy. By William A. Guy, M.B. Cantab., professor of Forensic Medicine, King's College, London.—Animal Physiology; including a general survey of the animal kingdom, with special reference to the human body. By W. B. Carpenter, M.D.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, OCTOBER 18, 1843.

No. 11.

DR. CHAPIN'S PRIZE DISSERTATION ON ASTHMA.

[Concluded from page 195.]

THE *second* head of causes includes the several organic or mechanical derangements that contribute to the disease: and here it may be remarked, that whenever asthma occurs from any of these causes, our prospect of effecting a cure is small indeed. Perhaps the most we may hope for is an amelioration of its severity.

That form of spinal distortion usually denominated humped back, is as often connected with this disease as any other. The symptoms are more aggravated when the deformity occurs in the cervical vertebræ. The muscles concerned in respiration are then much straitened, particularly the scaleni; there is much depression of the sternum, and the whole chest is shortened in its antero-posterior diameter. When the deformity occurs lower down, in the dorsal vertebræ, the lower ribs are then turned outwards and upwards, and there is a diminishing of the chest in its perpendicular diameter. Should the deformity occur still lower down in the column, there will arise the same compression as the last, but by the chest falling down, in some extreme cases almost to the pelvis.

The treatment in all these cases will be almost wholly confined to the relief of the deformity and the correction of the general health. I believe it occurs oftener in males than in females, and is usually associated with a scrofulous habit, and is believed to be somewhat hereditary. It usually occurs in early life, and wears out the sufferer before reaching middle age. We may expect more advantage from counter-irritation, as blisters, setons, and rubefacient embrocations, united with some tonic and alterative, than from any other course. The remarks above, upon prophylactic treatment, are equally applicable to the disease under this form. For the general treatment of the deformity, I refer to the several treatises on surgery, and also to the dissertation by Dr. Parsons on spinal diseases, who says that "the leading indications are, to prevent the increase of distortion as soon as possible, to stay the progress of ulceration of the vertebræ, and to produce ankylosis. The first is answered by taking off the incumbent weight," the second by rest and counter-irritants. "These may be continued on each side of the spinous processes of the

projection, for some weeks, or even months." The last indication is effected by entire rest.

Hypertrophy of the heart and ossification of the large bloodvessels, by inducing an irregular circulation, and an undue dissemination of blood, have been thought to produce asthmatic turgescence. When the disease occurs from these causes, I am not aware that there is any hope of remedy or palliation.

The *third* head of causes includes spinal irritation, and other diseases of the contents of the spinal column, independent of any mechanical derangement of the column itself. It was long observed that asthma was concomitant with some disturbance of this kind, but it remained for the theory of transmitted nervous irritation to develop the manner by which the one disease became a consequent of the other. This transmission is often reciprocal. Deranged function may not only be produced by spinal irritation, but an idiopathic derangement in some one or more organs may be transmitted through the incident or excitor nerves, as they are called, to the spinal marrow, and this again reflected to some other organ than the one primarily affected. Pathological anatomy has thrown but little light upon the subject. A close observation of the phenomena of disease and of the widely-extended range of morbid manifestations, have as yet afforded us the best source of information. Asthma is oftener the consequence of spinal irritation, when this is confined within the cervical region, and for the very obvious reason that the roots of the nerves distributed to the parts affected, find their origin in this region. There is almost always a tenderness upon pressure over the vertebræ, attended with pain in the scapular and clavicular regions, and I knew in one instance the suffering most intense along the intercostal region, accompanied with some pain along the ribs. When these symptoms are present, although there may be no pain upon pressure, we may conclude, with a good degree of certainty, that the disturbance has its origin in irritation at the nervous centre. Especially will this be true, if the health has not been impaired by the presence of other disease. Asthma from this cause occurs oftener in males than in females, and oftener in the unmarried than in the married. It has been observed that thoracic diseases are more liable to occur as consequents of spinal irritation than any other, and the diseases are aggravated by hypochondriasis and severe mental emotions.

Whenever we find asthma occurring from the cause designated, our treatment will be almost exclusively confined to the removal of spinal tenderness. This can best be effected by a prolonged, but moderate course of topical depletion, either by leeching, cupping, or a seton. If cups are applied, it should be done regularly, and a given amount taken at each application of the scarificator—the quantity taken of course depending upon the plethora of the patient, and the urgency of the symptoms; but by all means let it be uniform and regular. This, combined with counter-irritation by the ordinary ammoniated liniment, camphor liniment, or liniment of cantharides, will often remove the disease. Gentle exercise by slow journeying, or a change of climate, will operate favora-

bly. If the habit is full, general depletion should premise all other treatment.

It may be remarked that asthma is oftener induced by irritation of the membrane of the spinal marrow, than by irritation of the substance itself. Moreover, these disturbances frequently alternate with each other—but since the treatment of each is nearly the same, a false diagnosis of the seat of the disease will lead to no practical error.

Fourth. A preternaturally nervous, phlegmatic temperament, if not strictly a cause, wonderfully favors the attack of asthma. In such habits it usually makes its appearance soon after puberty, or in middle life; and occurs much more frequently in the unmarried female than in the other sex. Extreme nervous irritability not only invites the attack, but aggravates the symptoms and prolongs its continuance. Exciting causes operate with marked effect in this form of the disease, and the approach of the paroxysm is usually very sudden, while the remission is gradual, sometimes almost imperceptibly so. The influence of idiosyncrasies is never more obvious or more amusing than in the nervous, confirmed asthmatic. The capriciousness of the disease is all that the most extravagant humorist could desire. What will almost universally relieve in one case, will as assuredly induce a paroxysm in another. Ordinarily the air of low situations is more congenial than mountain breezes. The most indeterminate and irreconcilable influences are quite as effective as those of a more positive and tangible character. Some suffer in a certain room, but are immediately relieved if removed to an opposite room in the same house. One cannot sleep or rest in one street, or lane, but slumbers quietly if removed to another part of the same village or city. Another can breathe freely if he can only be allowed to sit in a room filled with smoke to suffocation, but pure air is almost intolerable. I once knew a patient who assured me, that if the damper of the stove was closed, he was sure to suffer from an asthmatic paroxysm; but upon its being thrown open, his breathing returned, to use his own expression, “as quick as a lamb’s.” The mere extinguishment of a lamp, or the closing of a passage way, has been observed to induce a fit. While one is benefited by a journey in the country, another will find more relief in the contaminated atmosphere of the densest mart, than in the freshest breeze of the quiet vale. While one will resist with impunity almost any change or extreme of temperature, the sensitiveness of another, encircled by his fireside, will form as sure an indication of atmospheric vicissitude as the mercury of the thermometer or the vane upon the house-top. Most will avoid a crowded assembly as they would a pest-house; but I have a friend who always resorts to such a place, when practicable, for a moment of quiet breathing. In short, nothing can be more amusing than the various whims of the confirmed asthmatic.

All these cases owe their origin to certain mental impressions, or emotions, conveyed through a deranged organic medium. The predisposition to this state of things appears to be hereditary, rendering the disease emphatically one of the “ills that flesh is heir to.”

Our treatment, under this form of disease, will vary exceedingly

with the character of the symptoms, and the *exciting* cause. In young and plethoric subjects, bloodletting may be resorted to, but should always be practised with caution, especially in those cases where the paroxysm is often occurring and immediate relief is not afforded. Purging freely is not often judicious, except in full habits, and where the bowels are overloaded with acrid contents. Indeed, excessive purging seldom fails to be productive of injury. It does not immediately relieve the turgescence of the affected organs, and, by unduly stimulating the alvine canal, occasions debility or unfavorable re-action, prolonging the attack and the period of convalescence. If, upon a sudden attack, obstinate constipation prevails, an emollient enema would be proper, and in all cases care should be taken to keep the bowels open by the milder laxatives.

Since congestion of the membrane lining the bronchial passages, combined with spasmodic contraction of the circular fibres, supervenes in the humoral variety of this disease, relief of turgescence, with subsidence of spasmodic action, may be expected from emetics, nauseants and expectorants. In the dry form of the disease, spasmodic action occurs without congestive complication; here sedatives, narcotics and the diffusible stimulants, are most beneficial. Emetics operate as evacuants and derivatives, relieving oppression and determining to the surface. I have often known a moderate dose of ipecac., followed by magnesia, prevent an attack, even where the premonitory symptoms were very urgent; the latter correcting the disposition to flatulence, frequently a source of so much annoyance to the asthmatic sufferer.

The same effect has been produced by the free exhibition of strong coffee. I have known several cases of dry asthma, where a cup full of strong coffee, administered previous to the paroxysm, has removed all unpleasant symptoms, and allowed the patient quiet rest. It is also of service in that variety of humid asthma that assumes a periodical type. It may be repeated every hour, or even at shorter intervals, without milk or sweetening, as sugar or syrup is found to be disadvantageous in every variety of the complaint, and should be avoided. The reason of this is not obvious, unless it may be supposed to arise from their unfavorable influence upon the digestive function. The operation of the coffee is that of a sedative.

Blisters have been recommended by some; but so far as we have been able to judge, they are of doubtful efficacy, especially in the spasmodic variety. Their action is too slow to afford much relief during the paroxysm—and whether they operate beneficially during the paroxysm, may well be questioned. Good supposes that they shorten or prevent the paroxysm during the succeeding night, “especially when the *habit* is asthmatic.” The older physicians were very free in their application of issues, under the ill-founded notion that asthma depended upon a plethoric state of the system, and that issues operated favorably by reducing the excessive plethora to a healthy standard. Every practitioner of modern times will satisfy himself how unwarranted is such a course.

Where they are not contra-indicated, anti-spasmodics may be service-

able, as musk, sulphuric ether, chlorine, ether, &c. &c.; but in most cases, they prove too stimulating. As a general experience, we have found this class of remedies of little service, either in mitigating the intensity of the paroxysm, or shortening its duration. We have found them most likely to afford relief in the dry asthma, and even here they have seemed to operate as derivatives. They sometimes excite nausea, and then of course will be serviceable; but as we may accomplish the same end more directly, their employment may well be dispensed with. An unpleasant determination to the head is sometimes a consequence of their exhibition, accompanied or followed by febrile exacerbation, and proving extremely pernicious in cases connected with local or general inflammation, or congestion. If employed, I would recommend their union with diaphoretics. Opium, when the disease is complicated with visceral inflammation, has been found to be worthy of trial.

Cold extremities are sometimes attendant, particularly during the winter months. In these cases there is more or less catarrhal affection. Warm clothing, dry feet, and the usual correctives for pulmonary derangement, may then be used. An unduly elevated temperature is more favorable to the disease than the opposite, though a sudden exposure to either should be sedulously avoided.

In the asthmatic, whatever suddenly disturbs the circulation increases the difficulty of breathing, such as exercise, passion, starting suddenly, &c. &c. I have known the least change of posture, such as rising from the chair, or bed, or even the ordinary adjusting of the clothes, to transfer the patient from comparative ease to a paroxysm of intense suffering. There is, moreover, a disposition to repetition of the paroxysm at irregular intervals, or upon the presence of any of the superinducing causes; especially the one by which it was first ushered in. Indeed, after one attack, the patient is seldom free from some degree of dyspnoea upon any undue exertion, and is always complaining of "shortness of breath."

Sudorifics are in most cases beneficial; united, in weak, flatulent habits, with some vegetable bitter, as colombo or gentian. In some persons the mineral tonics answer an excellent purpose. I would, however, advise their cautious exhibition. The compound myrrh mixture, lactate, or acetate of iron, I have found to agree best. In some cases, complicated with extreme hypochondriasis, I have found guaiacum, particularly the volatile tincture, in combination with some of the above tonics, worthy of trial.

A prolonged nausea will do much in relaxing muscular rigidity, overcoming spasmodic habit, and, operating as a derivative, will promote the excretion, and cuticular action. To effect this purpose, equal parts of tincture of lobelia, vinegar of squills and wine of ipecac., will accomplish most. I am satisfied that a protracted administration of this nauseant mixture, united with aperients and inhalation of the fumes of stramonium, form our best general dependence in all cases of asthma arising in a nervous, sanguineo-melancholic temperament. Each case will, of course, demand some particular treatment, to be determined by the exciting cause, the habit of the patient, and idiosyncrasy. Hydrocyanic acid proves a

valuable remedy in those cases of asthma occurring in females of an irritable catarrhal habit, especially when accompanied with much cough, dyspnoea, and acute lancinating pains about the chest, particularly over the region of the heart. It operates as a powerful sedative. In the employment of an agent of such activity, too much caution cannot be exercised in its administration. It should be free from all impurities, and retain its official integrity. I have usually commenced with one half the minimum dose, given in *distilled* water. *R. acidi hydrocyanici, m. i.; aquæ destillatæ, m. xx.* *M.* One half to be taken morning and night, gradually increasing the dose *pro re nata*. Floyer recommended occasional vomiting as a prophylactic, but its efficacy we have never confirmed.

When it is necessary to resort to a very gentle evacuant, perhaps there is no article that will answer our purpose better than senega, given by itself or combined with squills. In most cases we have found it well to premise it by a purge. A hydragogue cathartic is best.

Acids are sometimes of much service, particularly the vegetable. They seem to act both as sedatives and tonics. Distilled vinegar, in union with a diaphoretic or with lobelia, I have thought useful; it allays irritation, and promotes exhalation and absorption. Hyoscyamus has been resorted to. I have used it, and am inclined to think favorably of it, and consider it a valuable adjunct. Bree speaks of it in the highest terms. He administered it in conjunction with squills and nitric acid, and is high in its praises. He considers it a specific—of which it has been the misfortune of the profession to allow too many. They may serve a purpose in the empty pretensions of the quack, but should never enter the prescriptions of the well-bred physician: much less should they be allowed to influence his practice. They have all had their short day, as all specifics will.

Besides the causes already alluded to, asthma owes its accession to the sudden disappearance of cutaneous eruptions, the drying up of old ulcers, the suppression of any habitual discharge, &c. When this occurs, the indications are to restore the eruption, &c., by revellents or setons, and to correct the vitiated habit.

It is also produced by the odor of flowers, particularly that of roses. The dust of ipecac. is another source of excitement. It is sometimes closely connected with hysteria or chorea. It is often induced by suffocating, mephitic gases, sudden exposures, violent exercise. When the disease has become habitual, very inappreciable causes are sufficient to excite a paroxysm. Asthma seems also to be hereditary.

Diagnosis.—We have omitted any remarks on diagnosis, because ordinarily the disease offers no difficulty in this particular. It simulates ordinary catarrh, but may be distinguished by the absence of fever, soreness of the throat, by its occurring intermittently, and by the secretion being more profuse as you approach the lungs. It also resembles apoplexy, and is sometimes a precursor of that fatal disease. In asthma, however, there is wanting that rolling of the eyes so characteristic of the latter disease.

It may be distinguished from hydrothorax by the sudden approach of the dyspnoea. Hydrothorax is less affected by atmospherical changes. There is often, however, a remarkable similarity in the phenomena of these two diseases, and it is not the most remarkable occurrence to find them confounded in practice. They frequently alternate with each other.

Prognosis.—Asthma is not ordinarily a fatal disease. In peripneumonia notba, when it occurs simultaneously with asthma, or when asthma immediately follows an attack of the former disease, the case is one of much danger. Very frequent returns of the paroxysm, or if much prolonged at each successive attack, profuse secretion, with laborious breathing after the fit has passed off, are all more or less unfavorable, according to the state of the general health, and the urgency of the attending symptoms.

The disease sometimes critically terminates by diarrhoea, or diuresis, though the supervention of these is not in every case to be considered a favorable indication. It also terminates vicariously by the appearance of some other disease, or by some peculiar sensations, as pain in the posterior part of the head, a burning in the feet and hands, excessive flatulence, hypochondriasis, &c. The most critical union that asthma makes, is with pleurisy. When this occurs, the combination is formidable.

Though not considered a fatal disease, it is one of much torment, and by depressing the vital energies it renders the constitution more obnoxious to other diseases, and those, too, of very grave character. It sometimes so relaxes the mucous glands of the bronchiæ, that an habitual secretion of glairy mucus is induced, that proves a source of much annoyance.

Thymic asthma, another variety of asthma, not often observed, seems to be dependent upon a preternatural enlargement of the thymoid gland, pressing upon the bronchiæ, or upon the par-vagum, closing the air-passages, and producing the disease called, in consequence, thymic asthma. It appears to be congenital, and manifests itself in infants within the first two or three years; although occasionally observed in children 7 or 10 years of age. The attack is usually very sudden; during apparently perfect health, and perhaps in the full enjoyment of a child's frolic, the little sufferer becomes suddenly convulsed, and breathes with exceeding difficulty, if indeed it breathe at all. Its eyes are turned back, it froths at the mouth, and suffers all the agony of death. This state of things continues for a few moments, or it may be longer, and the child is apparently well again. Sometimes the difficulty of breathing remains, with more or less urgency, for some days or even weeks, resembling at times cyananche trachealis, and I have no doubt is sometimes mistaken for it.

The most relief in cases which I have seen, was found in nauseating doses of ipecac., with calomel, if the bowels were torpid, combined with a counter-irritant, such as an epispastic or sinapism to the throat, or a stimulating lotion of ammonia and oil of sweet almonds.

In other cases, the disease has advanced from bad to worse, until the patient has sunk under it, without relief. I have never seen but two cases of the disease—the one occurring in a child 12 months of age, of a strumous habit from birth. I saw the case but once; but have since

learned, from its mother, that it had five attacks, each succeeding one increasing in severity until the last, which proved fatal. The second case occurred in a fine, healthy-looking child, 9 months old; rather fat, but had always been troubled with watery stools, and occasionally by a cough, for which there appeared to be no assignable cause. This child had but two paroxysms, the last being much less severe than the former. They occurred at an interval of two weeks. I solicited a *post-mortem* examination, and found the thymoid gland nearly seven inches in length; the right cornu very much longer than the left; the whole pressing heavily upon the larger bloodvessels, and some of the par vagial nerves. The lungs appeared healthy. The brain and abdomen were not examined. In the treatment of both these cases, I pursued the usual course of aperients, expectorants, nauseants and revellents, but all to no purpose. In both cases the children were of a marked scrofulous habit, and strongly predisposed to glandular affections. Were I to meet the disease again, I should be disposed to try the iodide of potassium, with some general alterative and aperient, and combined, perhaps, with a lotion of iodine in some form, over the seat of disease. I believe that the iodide of potassium should, to be effectual, be given in much larger doses than are ordinarily directed.

SUPER-FŒTATION—A CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A case of super-fœtation presented in my practice the past summer, which, if you think it of sufficient interest, you are at liberty to insert in your valuable periodical.

Yours, &c.

Niagara Falls, Oct. 3, 1843.

G. CONGER, M.D.

Mrs. J., aged 36, of rather feeble health, has been married seven or eight years. She became pregnant near the first of November last (for the first time since her marriage), and passed through the period of gestation with as little inconvenience as most women do, until the 6th of August, when she was taken with labor pains, which terminated in about twenty hours in the delivery of a healthy, well-formed child, weighing five and a half pounds, and, in a few minutes after, of a fœtus of five months. I say a fœtus of five months, because, from my best judgment, from all the appearances of the child, and from the best descriptions I have of a five months' fœtus from standard authorities, I am led to conclude that it is such. It measured eight and a half inches in length, and weighed ten ounces. The skin was formed, but very delicate, and the sex could be distinguished; the head was large in proportion to the remainder, and the several bones of the head assumed the appearance of a fœtus of that age. In short, I could detect nothing that would lead me to suppose that it was more than five months. There was but one placenta, both umbilical cords uniting with it; although each fœtus had its distinct membranes throughout. It had all the appearance of health, and was in all proba-

bility alive at the commencement of labor, as there were no marks of decay, or of its having been dead more than a few hours. There was, in fact, nothing to indicate that it was as old as the other, but on the contrary some very good reasons to suppose that the mother must have become impregnated some four or five months after the first. However unreasonable this may appear, and however much it goes against established notions and opinions of authors, I am led to believe this a *perfect case of super-fœtation*.

I will give one more reason for my opinion, which I received from the husband (who is one of our most respectable inhabitants). He says that after their marriage, his wife never exhibited the slightest passion for his embraces, but on the contrary was quite averse to them, until she was in her third month of pregnancy, when she began to be passionately fond of venereal pleasures, which lasted from four to six weeks, after which time she relapsed into her former state.

I preserved the fœtus, which can be seen by any who are curious enough to take an interest in this *strange freak of nature*.

If any of our brethren have met with similar cases in their practice, I should be exceedingly well pleased to see the report of them, with their opinions, &c., in regard to them.—The mother and child are doing well.

RADICAL CURE OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Within the last few months I have performed several cures of hernia according to the method mentioned by me in your Journal of February 1st, 1843. The following are some of the cases that I have to report at this time.

The first is that of a gentleman, of the State of Maine, of spare habit of body, and by occupation a merchant. He had been troubled four years with femoral hernia of right side. By the use of a truss the bowel could be retained in its proper place. The patient was anxious to be relieved of his difficulty, and for this purpose came under my care, February, 1843. The operation above alluded to was performed, in presence of several physicians, with but little pain. The truss was re-placed, and the patient was allowed to take daily excursions about the city during the whole process of treatment. As a matter of prudence and safety, he was directed to wear the truss ten or twelve weeks, after which the instrument was removed, and there has been no protrusion of the bowel since.

The second case is that of Mr. S., of Boston, of full habit of body, about 40 years of age. He had been troubled five years with oblique inguinal hernia of the right side. The hernial protrusion was about the size of a pullet's egg; but with great care and constant watching it had been prevented from descending far into the scrotum. He was desirous of getting rid of his infirmity, and for this purpose came under my care, February 27, 1843. The same operation and treatment, as above alluded to, was made use of in this case, and the patient directed to take his usual

amount of exercise. A perfect cure has been effected; the truss has been allowed to be laid aside.

The third case is that of Mr. F., of Worcester Co., aged 52 years; strong, muscular frame, and by occupation a farmer. This patient had been afflicted ten years, with true inguinal hernia of the left side, brought on by a severe blow in his groin. From the nature of his employment, the protrusion of the bowel could not be prevented by the use of his truss. He described his sufferings to have been great, from partial strangulation, and for this cause applied to me, March, 1843. This subject was operated upon, and complained of but little pain; the truss re-placed as before, &c. After a few weeks' time, it was found that a perfect retention of the bowel had taken place, and the individual considers himself well.

The fourth case is that of Mr. W., of Suffolk County, a farmer, aged 23 years; of robust constitution. He had been afflicted five years with ventro-ingual hernia of right side. Being unable to retain the protrusion with his truss, from the constant strain to which it was subjected from the nature of his occupation, he placed himself under my care, March 25, 1843. The operation was performed successfully, and the patient permitted to return home to resume his labors in three weeks from the operation. As a matter of safety, this patient was directed to wear his truss three months from the time he left the city. He has recently called on me, and reported himself quite well.

The fifth case is that of Mr. S., of Roxbury, aged about 36 years; quite fleshy. He had been troubled with oblique inguinal hernia of right side two years. The bowel could be easily retained with the use of a well-fitted truss, which he had constantly worn from the time of the injury. On removing the truss, in the erect position, the protrusion readily took place, of the size of an English walnut, into the inguinal canal. This patient came under treatment in March, 1843. The operation was performed as before, and the patient followed his daily occupation as a merchant until the cure was effected, which took place in about eight weeks from the operation.

The sixth case is that of Mr. F., of Boston, aged about 55 years; of thin and spare habit, and of sedentary life. He had been afflicted about four years, with very painful oblique inguinal hernia of both sides. It was found very difficult in this case to effect complete retention with the truss. His health had become poor (as he termed it) from great debility and relaxation of bladder and rectum, produced by the two existing herniæ. The openings through the oblique muscles of right side, would admit the introduction of three fingers by invaginating the scrotum; and that of the left side, two fingers. With the hopes of being relieved of his sufferings, he placed himself under my care in March, 1843. The operation was performed on both sides, without much complaint, or inconvenience to the patient. It was found necessary, however, in this case, to repeat the operation on the right side, in order to effect a complete closure of the hernial openings, and to cure the patient, which has been brought about to his entire satisfaction. It is our pleasure to state, with regard to this case, that the cure of the hernia has effected an entire

restoration of health of body, and a normal condition of bladder and rectum.

The seventh case is that of Mr. D., of Roxbury, aged 36 years; of full and strong habit of body, and by occupation a ropemaker. He had been afflicted from boyhood with congenital inguinal hernia of left side. The testicle had not descended to the bottom of the scrotum, but could be felt just below the external abdominal ring, or groin, resting upon the outer surface of the pubic bone. The tunica vaginalis, which formed the hernial sac, made up from the peritoneum, was found to be elongated, and reached considerably below the situation of the testicle. On removing the truss, in the erect position, the bowel was found to descend freely into the sac, so as to form a tumor of the size of a hen's egg. The patient was placed upon his back; the hernial protrusion returned into the cavity of the abdomen. The operation was performed April 20th, 1843, and the truss replaced as before. Suffice it to say, in relation to this case, that a cure was made, and the patient laid aside his truss for the first time during twenty years, and is free from all hernial difficulty.

Boston, Oct. 10, 1843.

G. HEATON.

RUPTURE OF THE VAGINA.

By W. H. O. Sankey, Margate, England.

Mrs. M——, æt. 47, of a very relaxed and debilitated habit of body, exposed continually to malaria, having also undergone during her pregnancy, which is the 18th, much mental anxiety, bodily fatigue and deprivation of food, was taken in labor on 8th of August, at 10 o'clock. Her previous labors had been severe; she had suffered at various times from hæmorrhage, adherent placenta and convulsions.

For six weeks she had been unable to rise from her bed on account of the weight of the pregnant womb. The womb was pendulous, the abdominal parietes extremely flaccid and attenuated: when she sat up in bed, which she did constantly, though unable to get off it, the womb was observed to sink deeply into the pelvis: the pains about 11 o'clock came on regularly and tolerably strong. On the first examination I found the waters had broken, and the os uteri of the size of a crown-piece; vagina hot; the labia œdematous, with slight œdema about the os uteri. I introduced repeatedly pieces of unmelted lard to cool the parts, and placed a broad bandage round the abdomen, and waited patiently. The pains continued till about 12 or 1, strong and good; they then began gradually to flag, and became weaker, till about 5 o'clock: the head of the child was partially protruded through the os uteri. Hoping from the cessation of pains she might obtain some sleep, I left her. About 7 o'clock I was again summoned. She had had no pains since I had left, but was taken sick; she vomited slightly, and as she attempted to sit up in bed she experienced a burning heat in the lower part of the body, and found she had no power over one of her limbs, and the same time a

bloody, grumous discharge escaped, to the amount of seven or eight ounces, from the vagina.

I found her breathing rapidly and laboriously, with a very anxious expression of countenance: pulse very rapid and weak. I repeated small doses of cold brandy and water, and ordered the preparation of mist. via. Gallici to be got ready; and sent for my friend, Mr. G. Hoffman, of this place.

The head was found in the same position as at 5 o'clock, half protruding through the os uteri.

The possibility of the rupture of the uterus presented itself both to Mr. Hoffman and myself, yet the non-receding of the head, and the absence of all uterine pain at the moment of the seizure, militated against it. We examined carefully for rupture of the os uteri, but could find none: that partial separation of the placenta caused the discharge seemed unlikely, on account of its black grumous nature, and the extreme depression of the patient; and the great anxiety, too, remained by that diagnosis unexplained; the impossibility of uterine pains being re-established plainly indicated the necessity of delivery by artificial means. We called in the aid of a third practitioner, Mr. Price, who concurring in the opinion, and the mist. vin. Gall. having been exhibited, and the usual precautions as to the contents of the bladder and rectum, &c., being taken, I proceeded to deliver.

The instruments which were the readiest at hand were a pair of short and straight forceps; the head not being out of the womb, an imperfect hold only was obtained, but the head advanced easily, assisted by some uterine pains. After the head was in the vagina, it, however, receded gradually from the grasp of the instruments. In attempting to re-apply them the head glided before my hand into the womb, and even receded within the os uterus. A delay of twenty minutes occurred before the long forceps were procured: the head was then so moveable, and the womb so flaccid, notwithstanding attempts to fix it externally by pressure, that it was found that turning would be much easier to accomplish: this was accordingly done, and a blackened dead child extracted.

A rather copious discharge of dark blood followed; the placenta was in the vagina, and easily removed. Endeavoring to pass my hand into the womb to ascertain if it was duly contracted, it passed into what at first appeared to be the uncontracted womb, filled with large coagula, the parietes being so thin as to give my hand the sensation to Mr. Hoffman, who was making gentle pressure externally, as being merely covered with a glove. I felt also a large tumor, which, for a second, appeared like the head of a second child, but passing my hand down I found it to be fixed, and in fact to be the external or peritoneal surface of the contracted womb; my hand was, therefore, for a few seconds, in the peritoneal cavity: what appeared at first coagula, were the intestines. On withdrawing the hand I found the os uteri entire, the rupture having taken place on the posterior wall of the vagina.

We placed a greased plug in the vagina, secured with a T bandage,

and administered cordials; but the patient sunk about two and a half hours afterwards, remaining perfectly sensible to the last.

Examination, twenty-four Hours after Death.—Great emaciation; copious frothy discharge from mouth.

Abdominal parietes in the mesial line not more than a quarter of an inch in thickness. Abdominal muscles pale, and extremely emaciated, scarcely to be detected. Peritoneum highly injected (it passed over full five inches of the vagina before it was reflected on to the rectum). Uterus contracted and empty: natural, except in its peritoneal coat. Vagina blackened, its walls three quarters of an inch in thickness, ruptured longitudinally to the extent of four or five inches; the whole of posterior wall sphacelated; the bladder blackened and engorged. Rectum sound.

Remarks.—It is evident that the state of the vagina was produced previous to commencement of the labor, and as the os uteri was sound, I imagine it took place by a kind of intussusception, especially as the rectum did not participate in the sphacelation; as it would have done had it been from pressure of the head or womb. That it did not take place during the labor is evident from the same cause, and from the short duration of the labor, lasting barely seven hours. That the rupture did not take place by the instruments, which are acknowledged to have slipped, is evident to my own mind from the gradual manner in which the head escaped from their grasp; and moreover, the rupture, which was extensive, must have been detected by the other practitioners, as well as myself, who made an examination previous to sending for the long forceps; and the rupture, if made by forceps, would have been most probably in a transverse direction. The morbid state of the vagina rendered it undilatable, crisp, and easily liable to tear, and the passage of the child, which was large, caused the rending of its walls.

The hurried and laborious breathing took place immediately after the first symptom of the rupture: was this occasioned by the shut sac of the peritoneum having burst, and therefore moving no longer as one body upwards against the diaphragm by the action of the abdominal muscles? It is evident that, where an aperture existed in the peritoneum, the contraction and expansion of the abdominal parietes would merely act in a manner to force air in and out of its cavity, and the sac would cease to act as a body on the diaphragm.—*London Medical Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 18, 1843.

*Minor Surgery.**—It has always appeared to us a singular anomaly in the usual course of medical instruction in this country, that whilst days

* *Minor Surgery*: or Hints on the every day duties of the Surgeon. By Henry H. Smith, M.D. Illustrated by engravings. Philadelphia: E. B. Barrington & G. D. Haswell. 16mo., pp. 303. 1843.

are spent by the lecturer in demonstrating the operation of lithotomy, and others of that class, which few are called upon to perform, the student is left to inform himself as he can upon bleeding, cupping, leeching, tooth-drawing, bandaging, &c., which he may have to resort to almost daily. The work before us is an attempt to supply this deficit; and though it does not give all promised by its title, it gives so much that we are in want of, and illustrates it so well by the numerous and expressive wood-cuts, that we feel loath to speak of its defects severely.

Part fourth, of the minor surgical operations, is entirely too much curtailed and made too secondary. It would be well to replace it with a modification of Malgaigne's chapters on the same subject. Under the head *vaccination* (as an instance of this brevity) no mention is made of the use of pointed quills, so convenient and so efficient.

In the section devoted to fractures, we find Amesbury's expensive and unnecessarily complicated contrivances considered, but no mention of Liston's simple and complete apparatus. Now, however, both of these are well replaced on this side of the Atlantic by Raymond's improved apparatus; and also by Dr. Livingston Rowe's splints, which, though presenting nothing original in principle, afford a most convenient, efficacious and cheap means of dressing fractured limbs.

To Mayor's system of handkerchief bandages, we must express our decided objections. Upon the same emergency as when a surgeon, wanting proper material, "makes a shift with a shirt," a handkerchief bandage may serve, but certainly not when a good roller is at hand. The arguments in favor of them by the deviser himself seem weak in the extreme. As an instance, he says they do not *cord* or wrinkle, and yet every one of his own plates, of which the wood-cuts in Dr. Smith's book are excellent copies, show wrinkles innumerable. He says that they are more convenient when it is necessary to examine a portion of the bandaged surface; whereas, to do this, the *whole* handkerchief has to be removed, whilst with a roller any number of turns may be taken off without disturbing the remainder. Upon the whole, we look upon Mayor's system as one of those instances too common in our profession, in which a person, otherwise of excellent parts, is possessed with one procrustean idea, to which every other must be fitted.

We have another little fault to find with Dr. Smith—a carelessness in style, and an unnecessary use of French words. With such a language as ours, why go elsewhere for what we have so readily at home?

To students we would particularly recommend Dr. Smith's work; and with it in their possession, they would be able to carry out to great advantage the advice of an eminent professor of a neighboring city—"Provide yourselves each with half a dozen rollers, and after your day's study is over, just before going to bed, amuse yourselves by bandaging each other. It is the only way to acquire an art, ignorantly underrated, but of immense importance to the surgeon."

*Management and Diseases of Children.**—This is a second American, from the fourth Dublin edition, of a treatise of R. T. Evanson, M.D. and

* A Practical Treatise on the Management and Diseases of Children. By R. T. Evanson, M.D. and H. Maunsell, M.D., &c. &c. Second American from the fourth Dublin edition, with Notes by D. F. Condie, M.D., &c. &c. Philadelphia: E. B. Barrington & G. D. Haswell. 8vo. p. 368. 1843.

Henry Maunsell, M.D., of which names the latter is connected with a smaller work noticed in this day's Journal. In order to make the book what it should be, in the hands of a practitioner in the United States, Dr. Condie, of Philadelphia, has given it a thorough revision, and introduced such observations as in his judgment were obviously necessary. That it is properly appreciated by a discerning faculty, is evident from the appearance of another edition so soon. Messrs. Barrington & Haswell rarely make mistakes in the character of the volumes that roll out in such profusion from their press.

Dr. Condie very fairly remarks, that "we consider the work, as revised and enlarged by the authors in their fourth edition, to constitute one of the best manuals we possess, of the diseases of children." In the first place, Dr. Condie is fully competent to determine the real value of a professional treatise; and secondly, he has not presumed to force in his own matter to the injury, obscuration or neglect of the authors', in which he manifests a high degree of confidence. As this Practical Treatise on the Diseases of Children has before been made known to the medical public, we dare not suppose it a new thing to any intelligent practitioner in this country; still, there may be those who do not own a copy—and to such there is nothing ungenerous in saying we wish that they may always have it in their power to consult such authority. Such is the destruction of infantile life throughout the world, that it is a melancholy reflection to feel, and especially to acknowledge, the impotency of the science of medicine, after all that has been said and written upon the diseases of children. If we cannot always cure a malady, we certainly relieve ourselves of a vast weight of responsibility by pursuing the best methods taught by those of acknowledged experience in the same pursuit. To be armed for contingencies, no practitioner should be without all the books, as accessible as this, which give safe instruction in the management of the diseases of childhood.

*Dublin Practice of Midwifery.**—An American edition of this handy little book, with notes and additions by C. R. Gilman, M.D., Professor of Obstetrics, &c., in the College of Physicians and Surgeons, seems to have been printed the past year, but not published. It has recently been published, technically considered, by our spirited, enterprising friends, J. & H. G. Langley, of New York. Without being particularly distinguished for any one thing or suggestion, not common to all other books upon midwifery, it is yet a desirable manual to have at one's command. There is much useful information in a compact form, and it would prove essentially convenient for all young practitioners or medical students. Dr. Gilman is a discreet man, who never would have put his name to this or any other work which had not his entire approbation. The chapter on pregnancy was wholly written by the American editor, who seems to have had in view a portable text book for medical students.

Oliver's Physiology.—Messrs. Ticknor & Co., medical publishers, will issue a new and admirably-executed edition of the late Dr. Oliver's Sys-

* The Dublin Practice of Midwifery. By Henry Maunsell, M.D., with Notes and Additions by C. R. Gilman, M.D., &c. New York: J. & H. G. Langley. 1843. 12mo. p. 293.

tem of Physiology, in the course of a few days. Neither notes or comments have been added by any one, it having been admitted, we understand, by a very competent judge, that it required no revision to enhance its original value.

School Physiology.—Messrs. Fowle & Capen are expecting to send forth, in good time, a work on physiology, expressly designed to be one of the series of books called the *School Library*. Dr. J. F. W. Lane, of Boston, it is understood, is preparing it—which is a recommendation in advance.

American Medical Books in England.—Enterprise is the order of the day. It is very encouraging that American manufactured goods yield a fair profit in a London market. The idea of sending medical books by American authors to England, is new, and is deserving of commendation. They excite curiosity, and are sure of meeting with all the encouragement they deserve. Dr. Gross's beautiful work on Pathological Anatomy, will be valued by the profession of England. It is fervently hoped that Mr. Dow, the proprietor, will find it for his interest to forward several hundred copies. In matter and typographical execution, the volumes are creditable to our country.

Homœopathic Examiner.—After an interregnum of many months, Dr. Hull's Journal has again made its appearance—embracing the time from April to August, 1843. This No. contains several excellent articles that might relish exceedingly well on an allopathic stomach. It is one recommendation of the Examiner, of late, that it details cases, and thus proves positions which could not be accomplished so satisfactorily in any other way. Some extraordinary symptoms resulting from the accidental poisoning by nux vomica, in a boy, may be read with profit. It is a pity that the final result was not stated. We neither know whether he lived or died; or whether any effort was made to save him, although a minute chronicle is made out of every appearance, and the character of each successive paroxysm.

Extraordinary Experiments in Neurology.—Some thinking men hazarded the opinion, not long ago, that animal magnetism, under the new name of Neurology, had died a natural death. Not so, however. The Louisville Journal has three tall columns under the above attractive caption. It appears that the discoverer of this new crinkum crankum has visited the University of Indiana, and the faculty were in the right state for believing. This is as it should be: somebody must be converted to the doctrine, or the science would go begging—as most of the professors of animal magnetism do in this region. A very little severe persecution would give momentum to this business. There is no hope for it unless some one steps out boldly and declares it a gross imposition—beneath the notice of gentlemen. Something of that sort would give it an admirable start.

Homœopathic Challenge.—Professor Reese gave the following challenge to the homœopaths, in his last introductory lecture before the Washington University of Baltimore, and repeated it at the spring session of Castleton Medical College, Vermont. Great publicity has been given to it already, but it is needless to say that none of the sect have dared to submit their practice to this unexceptionable and conclusive test. We hope to hear no more about the honest and conscientious practitioners of this system, for it is an insult to the profession and the public after shrinking from the *experimentum crucis* here proposed. The following is the extract from Dr. Reese's lecture :

"We are perpetually told that ridicule is no test for truth, and that instead of laughing at the infinitesimal doses, we are bound to *try* them. But on whom shall we *try* them? Not on homœopathic doctors, for when they are sick, they always find some good-natured allopathic friend, who can use the lancet and give calomel, when these remedies are indicated; and we speak as a witness, that they do not rely on homœopathic treatment, when they or their families suffer from acute diseases. They wisely try their experiments upon other people, and other people's children, not upon their own persons or families.

"But shall we try them upon our patients in diseases endangering life? This we dare not do, even with their consent, in view of our responsibility to a higher tribunal, though we might escape the penalty of homicide, because of the imperfection of human jurisprudence.

"But are we urged to try them on our own persons in health? To this we reply that many of us have done so in multiplied instances. And in proof of the sincerity of our convictions, and as a conclusive test of the *utter inertness of any drug* when homœopathically prepared, we challenge the following conclusive experiment. We are ready to submit our own persons to the ordeal of swallowing five hundred of these infinitesimal doses at once, not of any one drug, but of any five hundred drugs thus reduced, and repeat the potion every five minutes during our waking hours for a month, if need be. They may include among the drugs thus prepared, not merely silex, charcoal, sulphur, aconite, belladonna, and their ordinary medicines, but *prussic acid, aqua fortis, rat's bane, flint and steel, thunder and lightning, fire and brimstone!* and we will take them all. And if any one of their "drug-sicknesses" is produced in our own persons by this fiery ordeal, or any other morbid effect whatever perceptible to the most acute among the sect, we will renounce the institutes of rational medicine and henceforth teach and practice the transcendental mysticism of homœopathy upon ourselves and others. This is the only experimental test to which in honor and conscience we can submit, and we propose it if haply we may open the eyes of any who are *honestly* the victims of this egregious folly."

Complicated Wound.—Mr. M. W. Symonds, of Watertown, New York, was thrown from a carriage in consequence of a sudden fright of his horse, with such violence as to produce a fracture of the left leg near the ankle-joint, and dislocation of the joint. The foot was carried laterally inwards, and all its bones nearly separated from the lower extremities of the two bones of the leg, and the soft parts covering the joint entirely opened. The inner and outer malleolus were both broken off, and

the inner one was so much detached that it became necessary to remove it entirely. Dr. Trowbridge was immediately in attendance, and soon reduced the shattered parts to their original position. He hopes that the limb may be saved.

Scientific Boots.—Amongst other extraordinary inventions, a certain Mr. Barrier, of London, has taken out a patent for making *acceleropædic boots*, which are noiseless, and are admirable for gentlemen having corns, gout and other affections of the feet. From the description, it appears they are very soft, pliable, and the soles attached to springs, which give an agreeable sensation. The world is already too full of such inventions, which are a prodigious tax upon the resources of all grades of invalids.

Massachusetts Homœopathic Fraternity.—An association of the homœopathic practitioners of Boston and the neighboring towns, has been formed—holding monthly meetings in this city. J. F. Flagg, M.D., of Boston, President; C. M. Weld, M.D., of Roxbury, Secretary.

Postage.—It should be distinctly understood that letters not *post-paid*, may never reach the editor. A rule must be followed in this matter, regardless of all intimacy or friendships. We are not able to bear the great expense imposed upon us, individually, by paying postage on letters of business wholly belonging to the interest of the writer. Letters thus sent, if of consequence to those who send them, may be found at the General Post-office, Washington.

Glaucoma.—The pathological conditions in glaucoma were shown, in 1830, by Dr. Mackenzie, of Glasgow, to consist in a change of color of the choroid coat to a light brown, the absence of pigmentum nigrum, the vitreous humor being fluid, perfectly pellucid, colorless, or slightly yellow, no traces of the hyaloid membrane; the lens of a yellow or amber color, especially towards its centre, firm and transparent; no trace of limbus luteus or foramen centrale in the retina. He attributes the absorption of the choroid pigment, the insensibility of the retina, and even in part the glaucomatous change of the lens, to the pressure of a superabundant vitreous fluid. The late Mr. Tyrrell was of opinion, that the morbid action was first set up in the retina, and thence spread to the hyaloid membrane and the lens, while a still more recent writer, Dr. Sichel, considers that inflammation of the choroid coat is the cause of glaucoma.

Medical Miscellany.—A lady recently died of hydrophobia, who had been bitten in the foot by a cat some months before.—Deaths in Belgium in 1841, 102,618; births, 143,660; marriages, 28,963.—Messrs. Danger & Flandin, of Paris, are pursuing toxicological researches with extraordinary enthusiasm. For nine months they daily poisoned a dog with copper, but were never able to detect any evidence of the metal in the urine—the renal apparatus appearing impenetrable to it.—This day is the anniversary meeting of the Medical Society of Vermont, at Montpelier.—Dr. Sprague,

of Michigan, relates that a young lady was suspected of pregnancy, the abdomen being considerably enlarged. She was harshly treated by her parents, and a physician unfortunately sustained their views. Disease and ill-treatment soon terminated her life. A *post-mortem* revealed numerous large tumors, but no *fœtus*.—Through the Medical News it is announced that the Faculty of the Pennsylvania Medical College, have had a disagreement and all resigned.—Medical lectures will commence in Boston the first Wednesday, and in Philadelphia the first Monday of November.—The mortality from phthisis in the whole civil population of Algiers, is 1 in 20; among the Europeans there, 1 in 15; among the Turks, 1 in 55.—The medical students of France have petitioned the Chamber of Deputies for the suppression of the institution of *officiers de santé*.—A tourist informs a certain class of European gentry, that they may, through his assistance, obtain a degree of M.D. from a celebrated Continental university, without absence from home, for £36.—D. Francis Bacon, M.D. is the author of *Wanderings on the Seas and Shores of Africa*. Why is it not on sale in Boston?—The yellow fever at New Orleans has assumed a more active and destructive character of late. Strangers are warned to keep away from the city at present.

TO CORRESPONDENTS.—Dr. Turner's remarks on Asthma caused by Ipecacuanha, Dr. Ellsworth's case of Tetanus, Dr. Slack on Sympathy, and an article on Phrenology and Mesmerism, have been received.

MARRIED.—At Brooklyn, N. Y., Dr. Benj. E. Cotting, of Roxbury, Mass., to Miss C. G. Sayer.—In Woodstock, Conn., Safford Eddy Hale, M.D., of Elizabethtown, N. Y., to Miss Elizabeth Churchill.

DIED.—In Randolph, Jonathan Wales, M.D., 65.—In Wilton, N. H., Dr. Jeoffard E. Goldsmith, late of Rindge, N. H., 26.

Number of deaths in Boston, for the week ending Oct. 14, 40.—Males, 20—Females, 20. Stillborn, 3. Of consumption, 5—typhus fever, 3—infantile, 5—cramp in the stomach, 1—cholera infantum, 3—canker, 1—old age, 2—sudden, 1—lung fever, 1—dropsy in the head, 1—inflammation of the bowels, 2—inflammation of the stomach, 1—hooping cough, 2—dysentery, 1—scarlet fever, 1—fits, 1—cancer, 2—liver complaint, 1—teething, 1—insanity, 1—bowel complaint, 1—croup, 1—decline, 1. Under 5 years, 22—between 5 and 20 years, 2—between 20 and 60 years, 12—over 60 years, 4.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Sept.	Therm.	Barometer.	Wind.	Sept.	Therm.	Barometer.	Wind.
1	from 62 to 64	from 29.61 to 29.64	S E	16	from 68 to 77	from 29.37 to 29.40	W
2	57 79	29.41 29.51	S W	17	56 78	29.48 29.49	S W
3	66 78	29.35 29.40	S E	18	68 84	29.49 29.50	S W
4	70 86	29.20 29.25	N W	19	68 80	29.62 29.76	N
5	67 77	29.39 29.57	S E	20	58 67	29.00 29.87	N E
6	60 75	29.68 29.69	S E	21	62 83	29.26 29.54	S W
7	60 68	29.68 29.69	N E	22	53 69	29.42 29.48	N E
8	57 69	29.46 29.60	N E	23	54 69	29.37 29.48	S W
9	56 63	29.28 29.43	N W	24	66 83	29.26 29.29	W
10	47 56	29.56 29.61	N W	25	57 59	29.26 29.36	N E
11	50 65	29.49 29.52	N	26	56 59	29.18 29.29	N E
12	48 64	29.53 29.61	N E	27	48 52	29.42 29.50	N W
13	40 66	29.69 29.73	N E	28	37 56	29.51 29.53	N W
14	43 64	29.76 29.80	N E	29	40 66	29.49 29.52	W
15	56 73	29.39 29.66	N E	30	47 71	29.54 29.54	W

September has been a pleasant month, warm, with much fair weather and little rain—a fine season for growth, as the earth had been fully saturated with water by the rains of the previous months. Range of the Thermometer, from 37 to 86—Barometer, from 29.18 to 29.87. Rain fell 1.25 inch. Frost on the 13th, 28th and 29th.

The last Importation of Transatlantic Quackery, reshipped for England, with the usual allowance of "draw-back."—The famous, or more properly, the infamous Monsieur Mallan, of mineral paste notoriety, the worthy successor of the Messieurs Crawcour, has recently taken French leave of his tailor, his shoemaker, his upholsterer, his printers, "*et id omne genus*," who have allowed him to run up bills without footing them, during the past two years in the city of New York.

The profession throughout the country are indebted to some of their enterprising brethren of that city, for having made such an *expose* of the mal-practices of this consummate quack, as to induce the good people of New York to be on their guard in relation to employing a foreign mountebank, instead of the honorable members of the dental profession who are located among them.

It will be remembered by most of our subscribers, that a circular was forwarded to them about two years ago, containing extracts from English journals, together with affidavits taken in New York, with respect to the practices and professions of the individual named above. Such was the effect of this circular as to prevent the empirical vagabond from gaining a footing in any other place than New York, where he was reduced to the alternative of either flight or starvation.

Such is the salutary effect of associated effort in suppressing imposition in dental practice. We hope our brethren in all parts of the country will exhibit equal enterprise, in every similar case, to the end that the empiricals of the old world may learn to expect no success in the new. The editors of some of the London Journals deserve our thanks for warning the American public of the approach of the above-named charlatan to our shores; and we hereby reciprocate the favor by informing them that he has lately returned to their island.—*Journal of Dental Science*.

Dr. B. Randolph Robinson, graduate of the Baltimore College of Dental Surgery, intends taking passage on board the barque *Louisa*, which is to sail in a few days for Valparaiso, South America, which place he proposes to make the future field of his professional labor. Few men have enjoyed more ample opportunities for thoroughly qualifying themselves for the profession of dental surgery than he has done, and few, if any, have profited more by them. And uniting, as Dr. R. does, to eminent professional abilities, the courteous, honorable and high-minded gentleman, he could hardly fail any where to win the confidence and patronage of an enlightened and discriminating public. In leaving the circle of his friends and the scenes of his home and youth, to take up his abode among strangers and in a far distant country, he carries with him our best wishes for his future happiness and success.—*Ib*.

New Books in London.—Lectures on Polarized Light, delivered before the Pharmaceutical Society, and in the Medical School of the London Hospital.—Elements of Natural Philosophy; being an experimental introduction to the Physical Sciences, with numerous engravings on wood. By Golding Bird, M.D. F.L.S. F.G.S., assistant-physician to Guy's Hospital.—A Manual of Chemistry: with numerous engravings on wood. By G. Fownes, Ph.D. Professor of Chemistry to the Pharmaceutical Society.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, OCTOBER 25, 1843.

No. 12.

ASTHMA CAUSED BY IPECACUANHA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last No. of the Western Journal of Medicine and Surgery, I notice a communication by Dr. Robertson, of Nashville, entitled “Singular Effects of Ipecacuanha,” illustrated by the writer’s own case. Having been myself a sufferer from these “singular effects,” I take the liberty to send you the results of my experience and observation on the subject, that in the mouth of two or three witnesses the matter may be established, and with a hope that it may aid in preventing my medical brethren from suffering or inflicting on others a similar misfortune. I have delayed the publication for years, for no other reason, that I am aware, than that no man willingly calls up or dwells upon painful scenes.

New York, Oct., 1843. Yours, &c. URIAH TURNER, M.D.

I inherited from my mother’s family, with a slender constitution, a strongly-marked nervous temperament; and with advancing years, dyspepsia, with its long train of attendants, developed itself, but without any disorder of the respiratory organs until my 25th year.

Late in the autumn of 1822, while attending medical lectures, I was seized, after a night of exposure, with a pretty severe pneumonia, which confined me about two weeks. Under the care of the venerable Professor Nathan Smith, I was treated principally with antimonials, bleeding being deemed unnecessary; and after my recovery, which was rapid, my health continued as formerly, until the spring following, when I commenced the practice of medicine in Litchfield Co., Conn. During the spring and summer I had repeated and severe attacks of spasmodic asthma; arising, as I then supposed, from the exposure incident to my employment, acting on my lungs, rendered susceptible by the previous pneumonic attack. The paroxysms usually came on suddenly, preceded by tickling in the nostrils, and sneezing, and continued from three days to three weeks, during which I was unable to remain in a recumbent position. During a paroxysm, the dyspeptic symptoms were usually mitigated considerably.

In the autumn following, more than six months from the first attack, I was led for the first time, by mere accident, to attribute these asthmatic

paroxysms to the irritating properties of ipecac. when inhaled, having never read or heard of anything to guide my investigations. I was in the habit of using ipecacuanha freely in my practice, both alone and in combination, which, like most country practitioners, I carried with me and dealt out at the bed-side. Having occasion, during a violent storm, to visit a patient who could not afford the light of a candle, I was obliged to make use of the floor for a table, and the "fire fair blazing" for a lamp, and in the course of this awkward operation, a large paper of ipecac. was broken open, and scattered freely through the room. After the usual preliminaries of sneezing, &c., I found myself laboring under an unusually severe paroxysm of asthma, which, as formerly, I attributed to the inclemency of the weather; but while pursuing my lonely way homeward, amid the pelting of the storm, leaning forward in the carriage in order to breathe, and obliged to trust my horse to his own discretion, I became suddenly sensible of smelling and tasting ipecac., with a slight degree of nausea, and before I reached my residence, the truth flashed across my mind that all my sufferings might have been caused by this drug. My attention once properly directed, I soon established the fact beyond all doubt by actual and painful experiment. Yet so new and singular was the fact, that it was a long period before I could convince myself that even a single grain floating in the atmosphere of an ordinary room, was capable of inducing a violent paroxysm of asthma, continuing weeks, preventing a recumbent position, reducing the strength as rapidly as an ordinary fever, and only terminating by cough and expectoration. Ipecacuanha being so constantly required in practice, I attempted every means to handle it with safety—using extreme care, covering my mouth, &c.; but with all these precautions, accident or haste rendered them not unfrequently unavailing. A bit of paper in which a Dover's powder had been wrapped, stepping into a physician's office, or even coming in contact with his clothing, might and often did cause a paroxysm sufficient to arrest me in the midst of my business, and to render my services at all times precarious; although for years I kept the article in a separate closet, and in no case presumed to handle it myself.

Such are some of the effects of inhaling the powder of ipecacuanha—one of our mildest and most useful remedies—effects essentially different from that of any other article with which I have ever come in contact. The fumes of burning sulphur often produce a sudden dyspnœa, but it continues only for a few minutes, and in severity bears no comparison to that resulting from ipecac.

But like Dr. R., I, too, have suffered the horrors of taking an ipecac. emetic—the recollection of which, at a distance of almost twenty years, thrills through my nerves like some hideous and long-remembered dream. These effects, however, differed in some essential particulars from those described by Dr. R., as will be seen in the sequel.

Early in the spring of 1825, I took half a drachm of powdered ipecac. root, in tepid water, taking the precaution to have it weighed and mixed in a part of the house remote from my own room, not dreaming that any other form than dry powder would effect my breathing. Sad mistake!

showing conclusively that the peculiar deleterious effect of this drug depends on an idiosyncrasy, and is in no way related to that usually produced on asthmatics by dust, feathers, &c. To proceed. In about the usual time for an emetic to operate, there seemed to be a simultaneous effort to breathe, cough and vomit, while neither of these functions was performed in any degree of perfection—producing a state of suffering totally indescribable by words. The peculiar *burning* sensation mentioned by Dr. R. is not so distinctly recollected, but the whole muscles of the chest and abdomen seemed in a state of violent irregular spasm—every effort to vomit being interrupted by an attempt to cough; and notwithstanding a cold March wind was blowing, it became necessary to open the windows and support me in an erect position for nearly an hour, to prevent immediate suffocation—an event momentarily expected by myself and friends. At the end of about an hour, without any previous mitigation of symptoms, I was almost instantaneously and completely relieved, and at my own request was laid upon the bed. My breathing was free and natural, attended, however, with extreme weakness; at the same time a burning heat was diffused over the whole surface of the body, which, on examination, was found to proceed from a kind of erysipelatous eruption covering every portion, similar to what is seen after exposing the naked skin to a burning sun. The patches were circular, and varied from the size of a sixpence to that of the palm of the hand—considerably elevated, with thick rounded edges, and of a fiery color. Yet so much greater had been the previous suffering, that the burning did not prevent me from soon falling into a profound sleep, which lasted until morning; and, what is remarkable, there was no return of the asthmatic symptoms; whereas, in every other instance where they were brought on by ipecac. they have continued several days at the least—thus rendering it almost certain that suffocation was prevented by one of those numerous resources which Nature, or, to speak as a Christian philosopher, Nature's God, has always at hand when the puny art of man has failed.

In several subsequent years I experienced numerous attacks without always being able to trace them to any specific cause. On two occasions I took a single laxative pill, without being aware that each of them contained about a grain of ipecac.; yet in both instances, after an interval of eight or ten hours, a severe paroxysm of asthma followed their exhibition, and continued several days. In both cases the pill was taken on going to bed, rendering it impossible to attribute the result to any other cause.

With respect to remedies, a large dose of morphine or chloric ether taken at the commencement of a paroxysm, appeared to mitigate the symptoms. Smoking tobacco freely had a similar effect, while smoking the stramonium root seemed rather injurious. Lobelia, in form of tincture, produced an irritation somewhat like ipecac.

I suffered two attacks from exposure to ipecac., of such unusual violence as to deserve notice. Instead of the ordinary wheezing, the muscles of respiration seemed tetanically convulsed, producing a condition not unlike what is denominated "holding the breath," with slight sighs

or catches at intervals barely sufficient to keep the wheels of life from ceasing altogether. In the first instance relief was obtained by swallowing two drachms of *eth. sulph.*, leaving instead a singular but pleasing mental excitement. In the other, where the interrupted breathing had continued fearfully long, and where swallowing was impossible, inhaling the fumes of burning paper previously saturated with *nitras potass.* alleviated the symptoms almost instantaneously.*

Such are the brief outlines of my own case, which I have reason to believe will be new to a majority of the profession; but my attention having been much directed to the subject, it may be proper to state that four other cases of a similar character have come to my knowledge, rendering it probable that strict observation will discover many others, who may have suffered without knowing the cause. With two of the persons alluded to, wives of physicians, I am intimately acquainted, and am informed by them, that so far as they believe, they have never suffered asthma from any other cause than ipecacuanha, either inhaled or taken as an emetic—the latter producing most violent effects on the respiratory organs. The subjects of the two other cases were physicians, from whose medical friends I received the account.

From a long and careful consideration of all the circumstances above detailed, I have derived the following conclusions:

1. That in my own case the susceptibility to the irritating qualities of ipecacuanha was entirely created by the pneumonic attack—an opinion which derives strength from the fact that while a student I was in the daily habit of handling it freely.

2. That no asthmatic symptoms would have followed the pneumonia, had I not been exposed to this powerful agent. But that,

- 3d. The habit once established, and the lungs having taken on the asthmatic action, the ordinary exciting causes of the disease, cold, watchfulness, &c., had the power of prolonging, and ultimately of inducing it.

4. That all asthmatics are liable to suffer from coming in contact with, or in any way using, ipecac. Hence physicians cannot be too cautious how they prescribe it for patients having the least tendency to asthma, as distressing and even fatal effects may follow its administration.

TETANUS AND SECTION OF THE MEDIAN NERVE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Perhaps you may think the following case of sufficient interest to merit a place in your Journal; if so, it is at your disposal.

Hartford, Ct., October 5th, 1843.

With great respect, yours,

P. W. ELLSWORTH.

* This remedy was communicated to me by the late venerable President Harris, of Columbia College, who informed me that through a long life he had been unable to sleep without filling his room with this vapor; and there are many asthmatics to whom I have recommended it, who derive great benefit from smoking or burning it in their sleeping apartments.

Early in May, Mrs. C. H., of this city, consulted me, having, while washing, thrust a pin deep into the palm. It had entered obliquely near the carpal end of the thumb line, at the base of the thenar eminence, at the point where the median nerve gives off its branches to the thumb. The pain was extremely severe at the time, and continued so at intervals for several weeks, exacerbations being excited by imprudence on her part. On the 21st of May, the neck began to feel stiff; during the ensuing night tetanus was well developed. The left side of the body, the one injured, seemed principally affected; pleurosthotonos alternating with episthotonos. She had trismus, and the epigastric pain so characteristic of the disease. Passing over the particulars of the treatment, I may say, that the usual remedies were fully tried, as opium and its preparations; assafoetida in large doses, by mouth and by enemata; Graves's camphor mixture, and tinct. hyoscyamus in full doses; the hand had been blistered, and morphine applied to the denuded surface; hyoscyamic acid lotion; tobacco poultices, &c. &c. Wine had produced feelings of comfort, but no marked effect on the disease. An incision had been made over the place injured, and ol. terebinth. poured in. The tetanic spasms had been violent for several days, when, all remedies seeming to fail, it occurred to me that the iodide of potassium might be useful. I began with moderate doses, intending to increase them as necessary, but immediately the spasms ceased, also the epigastric pains, and never returned. The trismus continued ten days, the mouth being perfectly closed during this period, the iodide seeming to have no effect upon it; but at the end of this time the muscles began to relax, so that on the 10th June the mouth could be partially opened. From the time of the injury until the 10th June, she had suffered the most violent pain in the part injured, no treatment seeming to give the least relief.

Having in view a case precisely similar in its origin, and from the effects of which puncture the person, though escaping tetanus, never recovered, I resolved to divide the nerve. This was done on the 10th, with the assistance of Dr. Fuller, of this city. An incision was made two inches above the annular ligament, an inch in length on the outer side of the flexor sublimis and the inner edge of the palmaris longus; this latter was drawn outward, the cellular tissue separated between the flexors of the fingers and the flexor radialis, when the nerve lay exposed upon the tendon of the thumb. A portion half an inch in length was removed. The fingers, until this time contracted and perfectly useless, could be extended, the muscles of the jaw relaxed, allowing free motion, and the pain shooting up the arm vanished at once. The trismus was several hours in disappearing. She remained perfectly free from pain for two days, when the hand became inflamed, but this was subdued by antiphlogistic treatment. Mrs. H. soon went into the country, where on the 31st July I learned that she had recovered the use of her hand so as to be able to do ordinary house-work. In October Mrs. H. called at my office, when I found that sensation was perfect as ever in the fingers, though there was a degree of stiffness; this, however, did not much interfere

with her work, as she had a good degree of strength in the hand. She expressed herself highly satisfied with the results of the case.

Remarks.—It is my wish to direct attention to a form of tetanus of which little or no mention has been made by writers, and which is nevertheless of the greatest importance. Who first made the distinction I do not know. Professor Knight, of New Haven, informed me that he had been in the habit of making it in his lectures, and it is acted upon by many of the physicians of this State. The distinction is this:—true tetanus and traumatic hysteria. By this last term we are not to understand hysteria, which indeed sometimes presents tetanic symptoms, but a formidable disease, scarcely distinguishable from the other form except at its commencement, and probably frequently fatal. It may occur in males. Larrey classes hysteria among the exciting causes of tetanus, but it is probable that he only meant that hysteria assumes at times that appearance.

In the first variety, several days and sometimes weeks supervene before spasmodic symptoms. It occurs more frequently among males, and no pain extends from the wounded part to the throat; this last is one of the most distinctive signs—the attention of the patient being first arrested by a little stiffness and uneasiness about the throat and neck, the exciting wound having been often forgotten. Another distinctive mark is found in the results of treatment. Opium here, even in prodigious doses, has little, and we may almost say, no effect. The mind, too, is usually clear even to the moment of dissolution.

In the second variety, females are more frequently the subjects of attack, and symptoms supervene usually within a short time or immediately after the injury. They are more susceptible to the effects of medicine. The mind is sometimes disturbed, and the pain always commences in the part injured, from thence extending to the neck. These latter circumstances encouraged me respecting Mrs. H., though her symptoms were for a time very formidable. She had episthotonos, pleurosthotonos, tremors, spasmodic twitchings of the muscles of the face, trismus, the epigastric pain and constriction, great difficulty in deglutition, especially when attempting to swallow fluids, pulse at times 120, and bowels obstinately constipated. The spasms had come on three weeks after the puncture—another bad feature; but a degree of mental torpor and the peculiarity of pain led me to hope that relief might be found.

The best practice in both varieties, where it can be adopted, is to apply the actual cautery to the injured point upon the first appearance of tetanus. This Larrey has strongly recommended. I have known it remarkably successful, but have also seen it fail. A young man in this city accidentally cut a piece of skin and cellular tissue from the pulp on the end of a finger. In a few hours the pain was agonizing; he was seized with delirium and symptoms of approaching tetanus, resisting all ordinary treatment. His case was pronounced extremely critical by a physician of experience in this disease. A common fire shovel, heated and applied to the finger, removed every symptom within an hour; nothing remained but a sore finger. In the case of Mrs. H. the symptoms

mentioned, together with the situation of the wound, caused me to delay this treatment. Nor should I have divided the nerve without further delay, had it not been for the severity of pain which had nearly exhausted Mrs. H., and rendered almost any operation desirable which promised relief. I am confident, however, that had it been done sooner, it would have at once stopped the disease, and no inflammatory action would have probably followed. Another circumstance is to be remarked; the nerve had indubitably been exsected, yet in two days we find sensation perfectly restored and so continuing. It was not the upper extremity of the nerve painful from inflammation, for pressure could be borne upon this without uneasiness. The pain did not extend up the arm, nor above the point of division. The iodide of potassium had to my knowledge proved eminently serviceable in certain cases of asthma—a fact, I believe, first noticed by Mütter, of Philadelphia, and had been recommended by Professor Delafield, of New York, in certain states of hysteria. It occurred to me that it might be useful here, and as nothing else seemed likely to be permanently serviceable, a trial was given. Her amendment commenced immediately and decidedly, the epigastric pain first disappearing, lastly the trismus. It was upon the general symptoms it seemed to act. Perhaps there was only a coincidence between the administration of the remedy and the crisis of the disease—too many worthless articles thus obtaining temporary celebrity; nor would I wish now to speak in high praise of a remedy from a single trial; but having resorted to it from the fact of its having relieved other spasmodic diseases, and finding it so promptly beneficial, it may be worth trial after other things have failed.

Larrey says that it frequently happens that the pain extends from the injured part to the neck, showing that he had not made the distinction here laid down.

In the seventh No. of the *Retrospect*, I see it stated that the iodide of silver has proved very useful in whooping cough. It appears to me that in cases having little inflammatory action, the iodide of potassium would be found equally beneficial.

FURTHER REMARKS ON THE DOCTRINE OF SYMPATHY.

To the Editor of the *Boston Medical and Surgical Journal*.

SIR,—Had I not left unnoticed and unexplained the capital fact which is always adduced in support of the doctrine of sympathy, I should not have again trespassed upon your indulgence. The omission was made from a want of the proper knowledge of the fact in question. I have never seen a man from whom the seminal glands had been removed in early youth, and therefore could not say, from personal observation, how far the deprivation of these glands affected the voice, and whether it did not affect the perfect development of the whole system in a similar degree. A eunuch is never publicly known to be such, in our country, and we must, therefore, resort to analogy. With the physical effects of the removal of these glands in several species of domestic animals, we are

well conversant. In the ox-kind, if our observation be particularly directed to this subject, I think it will be perceived at once that the removal of the seminal glands equally modifies the growth, the conformation and the natural development of every part of the animal. The development of the neck and throat experience no greater modification than the rest of the animal. The bull, the natural animal, is not so long or tall as the ox, and is everywhere much thicker in proportion to its length and height. The ox is slenderer in every part, from the horns to the legs; its muscles and bones are all of a greater length and of a more delicate form. The neck and occiput of the bull do not differ more from the same parts in the ox, than the form and size of every other part. The roaring of the bull differs from that of the ox, but the difference is occasioned, not by the sympathetic influence which the possession of the seminal organs exerts upon the larynx of the bull, but by the participation of the muscles of the voice in the common and natural development of the whole animal. In what does the neck of the bull differ from that of the ox, but in the shorter and bulkier size of its bones and muscles? And is not this the difference which obtains in all the corresponding parts of each of the animals?

In the case of eunuchs, the attention of mankind, in the infancy of medical observations, was naturally attracted to the change, or rather the want of development, which the deprivation of the seminal glands occasioned in the voice, without noticing the corresponding changes induced in every other part; and hence was inferred a special connection between the seminal glands and the throat. The legs and arms of the eunuch come no nearer those of the natural man than his voice; and if he has no beard, and he is said not to have any, I must infer that he has as little hair on his body.

Some women have masculine voices, and some men have feminine voices, while each possess the organs of generation in perfection. The difference of voice, therefore, is produced by other causes than the possession or deprivation of the genital organs.

Any cause which prevents the natural growth of the body, will prevent the full development of the voice. Every practitioner of medicine must have seen instances, both of men and women, whose voices were perfectly child-like, owing to a defect in the growth of the body, from rachitis. Not long since, a very popular public lecturer went through New England, who possessed the voice of a child, the consequence of the rachitis in the upper dorsal vertebræ and bones of the thorax. I also once heard a female speaker, whose voice showed the same want of development. In both these cases, the natural growth of the lungs was prevented, which also prevented the growth of the rest of the system, and consequently of the larynx, the principal organ of the voice. In all such instances, a child-like delicacy pervades the whole form. The removal or injury of many other parts of the body, by preventing its natural development, would have the same effects upon the voice as the removal of the seminal glands. The removal of the balls of the eyes, by causing a general effeminacy, produces a more musical voice. And, pro-

bably, even the removal of the tonsils would have a similar effect, if they were not needed in the enunciation of sound.

All the muscles of full-grown male animals, in the natural state, are endowed with a greater degree of the attraction of cohesion. This fact is observable when the flesh or muscular part is macerated or boiled; it is said to be tough, and more difficult to masticate. The particles of which the muscular fibres are composed, possess the attraction of cohesion in a greater degree than the meat of young and female animals. Perhaps, in this property, resides the cause of the greater or less degree of strength which all animals possess. Whether the attraction of cohesion between the constituent particles of the nervous mass and of the other organs, constitutes the attribute of strength in these parts, is less obvious, though I have a suspicion that it may be the fact. This property of cohesion in the muscles of male animals, in the natural state, in which the muscles of the voice participate, may be the cause of the greater strength of sound which distinguishes the voice of the male from the female animal.

The removal of the seminal glands, therefore, furnishes no proof of the doctrine of sympathy. Indeed, when we consider how often the human throat is diseased, and how it is sometimes almost disorganized by inflammation and ulceration, without exhibiting the slightest corresponding affection of the seminal glands in men, or the uterus and breasts in women—the tonsils at one time almost destroyed by cynanche maligna, and, at another, the entire throat involved in the destructive ravages of the venereal disease, without the semblance of re-action upon the distinctive male and female organs—how can we for a moment entertain the idea of such a connection, as that ascribed to sympathy, between these parts? Could the principle lie dormant amid such painful ravages?

Some medical writers have laid it down as a fundamental principle in the science, that a general sympathy is established among all parts of the system by means of the nerves. If the sense of feeling is excited in a small nerve of one of the fingers, by the stimulus of a burn, a blow, or an inflammation, they would say, the whole nervous system sympathizes with the part affected. But this language implies an activity in the nervous mass which is altogether unwarranted by observation and experiment. The nervous system invariably exhibits the most complete passiveness in the reception of impressions and in the production and extension of feeling. The sensation starts from the point where the impression is made, and is simply extended along the line of the nerves. The feeling excited in a nerve of the finger extends from thence to the brain, in the same way that it extends from one point of the nerve to another point; the brain does not receive the feeling until every intervening part of the nerve between the finger and the brain has received it. If a writer chooses to say that the part or section of a nerve next in vicinity to the section inflamed, is affected by sympathy, he only uses a figurative, cabalistical term, to express what ought to be conveyed in language descriptive of the fact. We know that a feeling or sensation is produced and extended, and nothing more. The special operations of the brain,

thought, passion, emotion and will, which appear to be merely modifications of the elementary attribute of feeling, are all extended along the line of the nerves in the same way that the feeling of pain or pleasure is extended to the brain from the remote parts. When one side of the lungs or of the liver is inflamed, it is never said that the other side becomes inflamed from sympathy, because we see the inflammation extending over the whole organ, upon the same principle it extends over one half. We should smile at the idea of introducing the aid of sympathy, to explain the progress of an inflammation on the skin from the size of a ninepence to the size of a silver dollar. Diseased action is extended in the nervous and arterial systems, in the same way it is extended in the more concentrated organs of the lungs and liver, from a part to the whole. Although more diversified in their organization, the nervous and sanguiferous systems are no less identical in their functions than the lungs or the liver; a part bears the same relation to the whole in these systems, as in the most concentrated organs.

It may serve in some measure to disengage our minds from the doctrine of sympathy, to enumerate the different ways in which diseases ordinarily occur in the human system. I will enumerate four different modes, which will be readily recognized :—

1. Diseases occur by Collapse; that is, when an organ has been diseased or inflamed, and partially or entirely recovers, and the same diseased action recommences. Pleurisies, peripneumonias, rheumatism and continued fevers, furnish abundant examples of relapses.

2. Diseases occur by Extension; when one half of the lungs or any other organ is inflamed, the inflammation will often extend to the whole. The erysipelas will sometimes extend over the whole skin, and is said sometimes to involve even the stomach and bowels. This disease, and various eruptions of the skin, are said to *strike in*, from the sympathy which the stomach and bowels have with the skin. I hope I have demonstrated the absurdity of this doctrine. In local inflammations, the inflammatory action is extended in a degree to the whole system, and creates what is absurdly called a sympathetic fever. The irritation of teething, in children, will often extend the whole length of the alimentary canal, and cease when the original irritation ceases.

3. Diseases occur by Renewal; when an inflammation has affected one part or organ, and entirely subsides, a similar inflammation will often attack another part, probably from the existence or continuance of the same causes which originated the first attack. The renewal of a disease is distinguished from a relapse by its occurring in a new part or organ. In rheumatism and the gout, renewals of the disease often occur, and sometimes in other kinds of inflammation.

4. Diseases occur in Conjunction, when two organs or parts are inflamed at the same time. In the measles, the lungs and the skin will be inflamed at the same time; and in a common cold, the mucous membrane of the nose and the inguinal glands will be inflamed together. In the mumps, the parotid and the seminal glands in men, and the parotid glands and the nipples in women, will be conjunctively inflamed. In the

scarlet fever, the skin and the throat will be conjunctively affected, although the inflamed throat will often occur without the eruption on the skin, and the eruption on the skin without the inflamed throat, which proves that they are distinct irritations, though they often occur in conjunction. Inflammation will often attack both eyes, both ears, or both tonsils, but the inflammations are simply conjunctive. Two teeth, one in the upper and the other in the lower jaw, will be seized with inflammation from the excitation of the same cold, at the same time. The instances of diseases which occur in conjunction are very numerous, and are almost universally attributed to the influence of sympathy.

Providence, Oct., 1843.

D. B. SLACK, M.D.

THE THREE GERMAN DOCTORS.

[THE following is too good to be lost. It is not often that articles furnishing mere amusement can with propriety be inserted in our pages ; but no one, it is believed, will be disposed to complain in this instance after he has laughed over the recital of the adventures, not perhaps untrue to nature, of the three rivals of Schoppenstedt.]

There was once a doctor, not of philosophy or jurisprudence, but a real doctor, who had commenced at the beginning. For several long years he had practised as a barber ; then attended lectures on anatomy ; bought a German translation of Galen ; and at length, obtained the degree of M.D. from the celebrated University of Prague. Instead of the doctoral hat, our M.D. wore a green cap with a broad peak. He did so, as he said, to protect his eyes. Censorious folks said, however, that he had not a hat, nor, what is worse, money to buy one. It is probable the doctor's purse was at low water. He could breathe a vein as well as his colleagues ; but verifying the old proverb, he had but little honor in his own country. His practice stood at zero, his townsmen looked on him with contempt. He did his best to mend matters. He inserted advertisements in the newspapers, beginning, as usual, "By God's help, I owe my recovery from long pain and suffering to the skill and attention of Dr. N. N. The blessing of God be on him." Still, no one took the bait. At night, when he observed a house where there was a party, he rang the bell so violently that the people, supposing half the town was on fire, rushed to the windows. The door opened ; he exclaimed, "Am I right ? Is Doctor N. wanted here ?" The porter surlily answers, "No ; it is a mistake. We are all here in good health." Unluckily, once, misled by the darkness of the night, he went twice to the same house. The result was the infliction of a good thrashing, *a la* Langan, and the being obliged to keep his bed for a month.

This was a woful time. The suffering doctor cursed not only his own townsmen, but the half of mankind. He was occupied, however in curing his bruises, and thus gained experience. One day a newspaper fell into his hands. Among other remarkable events, such as the retreat of the English from Cabool, and a new discovery in cookery,

was the announcement of, "Wanted, in a large provincial town, a skilful physician. Heretofore, the only practitioner in the place has been a very elderly nurse. The increasing population and the probable rise of provisions, renders the acquisition of a physician indispensable. He ought to have good knowledge of surgery. The citizens, being of rather a warm temperament, have sometimes disputes, which will furnish him with too many opportunities for the replacement of broken bones, and the mending of broken heads. Apply, for further information, to A. B." The doctor having read this advertisement, felt both body and mind refreshed. Vigor and hope were at once resuscitated. He sprang out of bed, where he had passed a long and weary month, upset the table on which lay his horn snuff-box, and strewed the contents on the floor. He managed, however, to get a pinch, and exclaimed, "That is the place for me!"

Great men are alike rapid in resolve and action. By evening he had acquired the necessary information as to his route; and on the third day, he was seated in a covered vehicle jogging on to Schoppenstedt, his place of destination. The doctor had remembered the proverb—"The coat makes the man;" hence his appearance was an object of great solicitude, ere he presented himself to the good citizens of Schoppenstedt. He bought, from an old clothesman, a coat of blue velvet with silver lace, a puce-colored waistcoat, and gray small-clothes; to these was added a well-powdered periwig, with a suitable tail. His being received with respect and attention was thus ensured; and though, at every inn, the landlord would not fail to charge him double price, still his vanity was flattered, and he was thus compensated for the damage of his finances.

On a fine May morning, the country clothed in its richest verdure, the doctor beheld at length the steeple of Schoppenstedt. His heart throbbed; he felt that the crisis of his fate was at hand. However, it was not quite so near as he supposed. The heavy road and jaded horses determined the driver to halt at noon, that he might thus enter the town in the evening in good style. An inn only a few miles distant was selected. The doctor alighted, and demanded a private room; he wished to be alone. "No. 26 is vacant," said the landlord, bowing respectfully, "the door is open." The doctor thanked him and went up stairs. Misled by a reverie, he walked into No. 25 vice 26. The noise he made caused a man to rise slowly from the corner of a sofa on which he was sitting. The doctor, not aware of his error, exclaimed peevishly, "Who are you? What business have you in my apartment?" The interrogated rose up, and displayed to the querist a person habited in a blue coat, studded with bronze buttons, a shoulder-of-mutton fist, in which was a glass, through which he angrily eyed the intruder.—"I am," said he, "a doctor, of the University of Erlangen, a homœopathist, and am going to Schoppenstedt to accept office." "I," retorted our doctor, "am a doctor of Prague, am an allopathist, and, as well as you, am on my way to Schoppenstedt." Each stood silent for a few moments, throwing out angry looks. At length, the homœopathist

exclaimed, "Allopathy is the old leaven of the Philistines." "Homœopathy," retorted our doctor, "is the bantling of the devil." A pause. The homœopathist exclaimed, "Herr, you are an arrogant." The allopathist replied, "Herr, you are an ignoramus."

Now, when one doctor says to another, "you are ignorant," it is as if the Emperor of China said to the English government, "I beg to be excused buying any more opium." In both cases hostilities must ensue. Our heroes commenced the combat. The allopathist being the strongest man, at length threw his antagonist on the ground, placed his knee on his chest, and drew from his coat pocket a tooth instrument. The vanquished, viewing these proceedings, exclaimed, "For the love of God, my worthy colleague, what are you about? Are you going to murder me?" "Be quiet," said the allopathist, "I wish to show you my skill, by drawing one of your molar teeth." The homœopathist pleaded eloquently for the non-disturbance of his grinders; vainly, however, but his good luck saved him. The instrument was just placed on the tooth, when the effusion of a quantity of cold water on the head of them both, caused the victor to let go his hold. Both sprang on their feet, and saw a man, in a grey frock coat and smoothed combed hair, observing the happy result of his interference. "Good, good," said he, "the paroxysm is over." "What is over?" said the allopathist; "and who are you?" "I am," replied he, with dignity, "an hydropathist; in German, a water-doctor. I am going to Schoppenstedt. I am sure of the appointment, for you see and feel that my mode of cure is certain." The homœopathist laughed heartily. At length, said he, "It is a curious coincidence, we are all on the same errand. I propose that we shake hands and proceed at once to dinner." After re-adjusting their persons, they went to the dining-room and made a vigorous onslaught on the viands. The allopathist drank a bottle of Rudesheimer, the homœopathist sipped Madeira, the hydropathist drank water. The bill paid, they proceeded to Schoppenstedt; the next day presented themselves to the council, and announced their respective claims for the appointment.

The burgomaster rose from his seat, and, in a neat and eloquent speech, explained to them the duties of the office. He spoke so much to the purpose that one might suppose that he had studied the art himself. He informed them that it was the custom of the place that candidates for office should give proof of their capability. This rule would apply to them in the present instance; he whom they believed to be the most skilful would be appointed. "We have now three patients in the hospital; one is consumptive, the second a martyr to the gout, and the third has dropsy. Draw lots as to the choice of the cure." The doctors assented, went to the hospital, and decided by the throw of the dice. The allopathist threw the highest, and chose for treatment the consumptive patient.

The trio saw that the cases were hopeless. Allopathist, however, wrote a prescription, at which the apothecary laughed in his sleeve. It was daily repeated. The doctor betook himself to the Golden Calf, an inn near the hospital, and supported his animal economy by copious im-

bibitions and solid repasts. He promised to settle the account when he was appointed town physician. The homœopathist had the treatment of the dropsical patient. The gouty one fell to the hydropathist. Neither had occasion to employ the apothecary. The nurses and attendants were employed constantly carrying the water to and fro, were heartily tired of their office, and threatened to resign if the water-doctor was elected. At the end of three weeks it was reported to the council that all three patients were dead.

The day of election was named, and it may be easily surmised opinions were various as to the person who would be chosen. The merits of the candidates were equal.

There were nine counsellors and the burgomaster. After the usual display of eloquence, in which the qualifications of the candidates were amply portrayed, the votes were equal, each candidate having three. The casting vote rested with the burgomaster. He was sorrowfully puzzled, placed his finger on his nose, and seemed to sum up with the requisite gravity. At this critical moment the landlord of the Golden Calf entered the council-room. "Herr," said he, in a whisper, "I entreat you to give the appointment of physician to the allopathist; his ticket is undoubted; besides, unless he is chosen I shall be left unpaid. His purse is empty." "Yes, yes," said the burgomaster, "you have reason on your side. The apothecary, too, is in his favor. Mellesimal doses and wet blankets are his aversion; they would ruin his trade. Gentlemen, I give my vote for the allopathist." The counsellors bowed assent, and exclaimed—"Recte, recte, domine."

Thus the Prague doctor gained the great victory.

The citizens of Schoppenstedt were rid alike of their fears of a surplus population and a rise in the price of provisions.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 25, 1843.

*Treatise on Cancer.**—No disease that falls within the circle of medical practice, is regarded with more dread than cancer. It puts at defiance all common modes of treatment, where there is a derangement and disorganization of parts; and under ordinary circumstances, the patient is bereft of all hope through medical assistance, and drops into the grave, a victim to a disease that has baffled the researches, the skill and vigilance of the ablest practitioners from the earliest ages. Pretenders and unprincipled knaves, who dabble with medicines while they sport with human life, apparently unconscious of the vast weight of responsibility resting upon those who treat human diseases, having long ago discovered the

* The Anatomy, Physiology, Pathology and Treatment of Cancer. By Walter Hayle Waleke, M.D. With additions by J. Mason Warren, M.D. Boston: W. D. Ticknor & Co. 8vo., pp. 351. 1843.

utter incompetency of the best medical skill to grapple with the terrific malady, have seized upon it with marked avidity, and gained wealth, and, with the vulgar public, immense reputation. Their success in this high order of quackery has been a theme for wits and poetasters. Who does not remember that poem of poems, by Myrick, beginning with

"Here lies, flat upon his back,
The victim of a cancer quack."

There have been no works extant, precisely satisfactory, on the management of cancer. A strange kind of mixing up of many things, without that exact order and critical analysis which are always necessary in a special guide to practice, is plainly discoverable in the essays and chapters interspersed through the books. That no great advances have been made in the treatment, for some centuries, is inferred from the fact that the mortality by it in all civilized countries, from whence statistics have been collected, has been uniform and apparently unchecked.

In the midst of this state of things, a volume has been re-published in Boston, by Messrs. Ticknor & Co., that raises the expectations of the reader to hope that a new system of exploration has finally led to a scientific course of medication in cancer; and that it may yet in some measure be brought under the control of remedies, like other disturbing causes of health. This work is not unknown in this country, by any means; but it has not been placed within the reach of all practitioners, till now. Its author is Walter Hayle Walshe, M.D., of the London University. Essential additions are made to it by our neighbor Dr. J. M. Warren, to the extent of about fifty pages. No one can properly appreciate the importance of the American editor's remarks, without following the text. It becomes apparent, in that way, that we have been provided with a desirable and valuable treatise on the subject.

The volume is divided into two parts. The first embraces the anatomy, physiology, pathology and treatment. The second treats of cancer of particular parts—as the skin, cellular tissue, muscles, glands, bones, meninges, lips, tongue, tonsils, nares, sinuses, genital organs, ear, eye, &c. &c., illustrated by two lithographic and several wood engravings. We repeat, it is a desirable book to have. The price is only one dollar and fifty cents, and therefore within the means of all.

Surgical Adjuster.—Dr. Geo. O. Jarvis, of Portland, Me., is the inventor of a curious instrument for reducing dislocations, that promises to be of essential service, according to the testimony of some of the New York surgeons. The special object of the contrivance, according to Dr. Jarvis's own account of it, "is to reduce all dislocations, to reduce and maintain coaptation of all fractures, where the principle of extension and counter-extension applies in reduction, or is requisite in the subsequent treatment."

From the representations of Dr. Jarvis, who certainly must be allowed to understand the true value of the adjuster, better than any one else, a surgeon can alone manage any kind of luxation. He requires no assistant, even in those cases heretofore considered extremely difficult under the most favorable circumstances for reduction. Even when the bones have been a long time asunder, as is sometimes the case in regard to

the shoulder or hip—where the dislocation occurred at sea, for example—with this instrument extension may be readily made, and a re-adjustment of the parts, bone to its bone, quickly and certainly effected. The power which is brought to bear on the part to be extended, is prodigious. It is a lever purchase, which nothing could resist, since it is the very contrivance with which Archimedes said he could move the world provided he had a place on which to stand. With the simple turn of a winch, a man's limbs might be torn from his body, and even the ligaments and tendons rent from their attachment. There are numerous inventions for keeping fractured bones in place, but we have no recollection of having seen or heard of any mechanical contrivance, so portable, convenient and certain as this, for accomplishing this difficult part in operative surgery. Dr. Jarvis has secured a patent at home, and contemplates soon visiting Europe for the purpose of securing the patronage of European surgeons.

There is one serious objection in regard to the general adoption of this unique instrument, which might be obviated; and that is, its cost. Medical gentlemen cannot afford to purchase anything at a high price, much better than other people. Were it placed within the reach of those whose incomes are not large, nor always certain, Dr. Jarvis might remain at home and realize quite as much for his ingenuity as would satisfy a man of ordinary pecuniary ambition.

Springs of Bath, England.—Accounts of the celebrated springs of Bath, England, have been published and re-published till it is quite an old story. Mr. Thurlow Weed, editor of the Albany Evening Journal, has given, however, a synoptical account of them, that is the best extant, because it comprises all that is essential to the distant reader, without being made tedious by a long, fatiguing theory of his own in regard to their origin or probable duration.

The baths are owned, says Mr. Weed, by the city corporation, and have produced, in the best years, from £1000 to £1,500 sterling. The price of a bath is 2s. 6d. The baths are supplied by springs which furnish 8020 gallons per minute, at a temperature of 114 degrees. The water from the *Hot Bath* is at a temperature of 117 deg. Bath had a population of 50,000, in 1831, mainly dependent on visitors for their support. It is said that Bladud, king of Britain, 680 years before Christ, was its founder, in gratitude for his recovery, by its waters, from the leprosy. The waters of Bath were known to the Romans. Everything is influenced by fashion in England. Just now it is not the fashion to go to Bath, because royalty goes somewhere else. It is acknowledged that Brighton, as well as Bath, is struggling hard for an existence—and Cheltenham is up, and still going higher, in fashionable estimation.

American Journal of Dental Science.—This discreetly-conducted periodical seems to be not only well sustained, but highly prized by the profession. To operating dentists the Journal must be of the very highest value, as it furnishes them with every known improvement in the art, from all respectable sources. Our interest in the success of the American Society of Dental Surgeons, and their writings, is unabated.

Vermont Asylum for the Insane.—Through the Asylum Journal we have received Dr. Rockwell's seventh annual report of this institution. The past year 224 patients had the advantages of the Asylum, and 88 were discharged. As 136 still remain, it is quite certain that there was a great necessity for the creation of this excellent retreat for the unfortunate lunatics of Vermont. We mentioned, some time since, that a newspaper was issued from this Asylum. From Dr. Rockwell's Report we copy the following remarks respecting this novel enterprise :

"During the past year we have published a small newspaper called the 'Asylum Journal,' which has exerted a beneficial influence on the comfort and recovery of the patients. We have had more than two hundred exchange papers, besides many other periodicals ; to the editors and publishers of which we would tender our most grateful acknowledgments. We have been able to furnish every patient with a newspaper from his own immediate vicinity, every politician with a newspaper of his own political views, and every sectarian with a religious periodical of his own peculiar sentiments. * * * * *

"Those of our patients who have been students, we employ to write and select for the Journal, and those who have been merchants and business men, we employ to fold and direct the papers. Some who do not compose, assist by copying extracts from books or papers. We find the employing of our patients in writing, either by way of copying or of composition, to be very beneficial, as it diverts their attention from their delusions, and presents new objects of thought for contemplation. We always furnish them with stationary, and the employing themselves in writing has apparently been a powerful means in their restoration. They are allowed to write on all subjects except those of their hallucinations."

Bread in Diabetes.—In the Provincial Medical and Surgical Journal are some remarks by T. Thompson, M.D., which are of such consequence that they should be extensively circulated by journalists. They come under the head of "*The importance of abstinence from bread in diabetes mellitus*, and an extract from them is here given :

"In this case whenever the use of bread and biscuits was prohibited, and of all vegetables, except the cruciferous order, both the quantity of the urine and its specific gravity were notably decreased. The use of some toasted bread caused the quantity to rise from two to five pints, and the specific gravity increased from 1.027 to 1.041. This happened repeatedly in the course of the case, leaving no doubt of the fact of the influence of a minute portion of bread."

Yaws.—In Mr. Bolingbroke's statistical account of Essequibo, Berbice, and other contiguous rivers of Guyana, are found the following remarks on that strange disease, known by the African name of *yaws*. He commences by saying that it has much the appearance of smallpox, from the manner of its coming out. The patient is covered with large ulcers in every part of his body and limbs, and as it is very infectious, he keeps by himself. Its duration is uncertain, being sometimes eighteen months, during which the eruption returns no less than three times. No effectual cure has ever been found for it. Mr. Bolingbroke believes salivation will

drive it in, but sulphur and other opening medicines, he continues, are now preferred, to induce its coming out. Spare diet, with exercise, and leaving nature to herself, often prove the best resource. This is a disease which a person can never have but once. He never saw but one case in a white man, and hence he seems to consider it a curse almost exclusively appertaining to the negroes. There are black women who inculcate their children with the matter, which lessens its violence and destructiveness.

Merited Honorary Degree.—A note through the post office mentions that at the last commencement of Bowdoin College, in Maine, the honorary degree of Doctor in Medicine was conferred on Dr. Benjamin Page, of Hallowell—a highly meritorious and skilful physician, and one of the oldest and most distinguished in the State.

Fever in North Carolina.—For four weeks the town of Washington has suffered from the progress of a disease approaching the yellow fever in its character. At the last dates the malady was abating, and those down with it were convalescing.

Scientific Appointment.—Samuel Williams, Esq., of Georgia, has been appointed professor of Natural Philosophy and Chemistry in Jefferson College, Penn.

Strictures on Animal Heat. MR. EDITOR.—Sir,—I noticed an answer to my communication on *animal heat*, in your Journal of the 6th of September, signed *Tyro*. Now who *Tyro* is, or what he is, or where he is, the communication does not say. When I first saw the piece, I concluded that a writer who would not give his name and place of residence, did not deserve an answer; and have only to say now, that whenever *Tyro* may give us his true name he shall have a reply as explicit as his talents merit.

WM. H. H. MASON.

Moultonborough, N. H., October 19th, 1843.

A Freak of the Starvationists.—On the 8th of this month, three young men were brought up before Mr. Long, at the Marylebone Police Office, charged with refusing to work, and being otherwise disorderly, in the Union Strand Workhouse, Cleveland street, Fitzroy square.

It seems that the regular diet in this receptacle is as follows :

“Six ounces of bread, with butter, and half a pint of gruel, in the morning. Three days a week they have five ounces of meat, and half a pound of potatoes for dinner; on three other days they have soup without meat, and on one day, making up the seven, suet pudding weighing fourteen ounces. They have also six ounces of bread each day for supper, with some cheese if they like it.”

“Then they have no bread at dinner?” asked Mr. Long.

“No, sir,” replied the accusing Bunyard.

But the point of the epigram is yet to come. The men, having been idle and refractory, were condemned to pick an increased quantity of oak-

um, namely, six pounds a day, and with only six ounces of bread instead of twelve. They were willing to do three pounds of oakum daily; but no—halve the bread, double the oakum, is the rule in the Cleveland-street Workhouse.

Mr. Long, however, thought the usual diet could not be lessened with safety, and refused to interfere against the prisoners. This case, at any rate, requires no comment.—*London Med. Gaz.*

Fluid Extract of Senna. By PROFESSOR CHRISTISON.—Take fifteen pounds avoirdupois of Tinnevely senna, and exhaust it with boiling water by displacement: about four times its weight of water is sufficient. Concentrate the infusion in vacuo to ten pounds; dissolve in the product six pounds of treacle previously concentrated over the vapor-bath, till a little of it becomes nearly dry on cooling; add twenty-four fluid ounces of rectified spirit (dens. .835); and, if necessary, add water to make fifteen (16 oz.) pints—the object being that the preparation shall be of such strength that every fluid ounce shall correspond to one avoirdupois ounce of senna. Mr. Duncan, of Edinburgh, generally makes eighty pounds of senna into this extract in one operation. The numbers given are those by which he worked in the first instance. The dose is two drachms for an adult; it very rarely causes griping. It tastes precisely like treacle, and the absence of disagreeable taste is owing to the fact that pure senna has but a feeble mawkish taste, which treacle easily covers.—*Pharmaceutical Journal.*

Pilula Ferri Composita.—In order to prepare this pill in such a manner as to keep the carbonate of iron in an undecomposed state, and to insure uniform consistence of the mass, it has been found that the directions given in the Pharmacopœia will be sufficient for these purposes, if the following points be attended to:—Dissolve the sulphate of iron, finely powdered in the treacle, with a moderate heat, and add the carbonate of soda, stirring constantly until the effervescence has entirely ceased, and the mixture has become cool; then add the myrrh gradually, and incorporate the mass. As a little evaporation takes place at the commencement of the process, a small excess of treacle is requisite to supply the deficiency. This mass retains its color and consistence remarkably well.—*Ibid.*

TO CORRESPONDENTS.—Dr. Thomas's Case of Inflammation of the Ligaments, &c., Dr. Hoffendahl on Homœopathy, and Dr. Marcy on the Human Hair, are on file for publication.

MARRIED.—In Boston, John C. Warren, M.D., to Miss Ann Winthrop.—Henry D. Hitchcock, M.D., of Middleborough, Mass., to Miss Olivia, daughter of Rev. S. S. Arnold, Westminster, Vt.—In Hartford, Conn., Dr. Henry L. Fuller to Miss Betsey P. Moore.

DIED.—In Boston, Dr. Louis S. Eberle, 31.—At St. Genevieve, Missouri, Dr. Lewis F. Linn, Senator in Congress from that State, found dead in his bed.—At Bermuda, of the yellow fever, Dr. Jenkins.

Number of deaths in Boston, for the week ending Oct. 21, 34.—Males, 19—Females, 15. Stillborn, 2. Of consumption, 6—bronchitis, 1—syphilis, 1—teething, 1—infantile, 4—bowel complaint, 1—typhus fever, 5—croup, 2—dropsy on the brain, 2—inflammation of the lungs, 2—drowned, 1—influenza, 1—intemperance, 1—apoplexy, 1—hooping cough, 2—old age, 1—dropsy, 1—lung fever, 1. Under 5 years, 18—between 5 and 20 years, 3—between 20 and 60 years, 11—over 60 years, 2.

Dr. Ricord on the Treatment of Gonorrhœal Ophthalmia.—The diseased parts of the eye must be touched with lunar caustic. The nitrate of silver may be used in solution, in powder, or in a solid pencil. The solution is undoubtedly the easiest of applications. I occasionally use it in the following proportions :—Nitrate of silver, half a drachm : distilled water, two drachms.

It is open to this objection, that its action is not limited to the diseased parts, but extends likewise to those which have remained healthy. In infants or refractory adults it is, however, a great resource.

The powder can only be applied in a very unequal manner. I confine its use almost altogether to ulcers of the cornea.

To both, I prefer by far the solid pencil. The inferior lid is first turned down and the pencil carried lightly over it, so as to whiten its surface ; for the upper eyelid the same operation is repeated, and such spots of the ocular conjunctiva as happen to be affected must also be touched, but never the cornea.

To protect its transparency oil has been recommended, but this liquid, running over the other parts of the eye, prevents the proper application of the caustic. An injection of water is made immediately after, so as to wash away those portions of nitrate of silver which have remained uncombined. After a first application, should the swelling and pain not be diminished, and the secretions not become thinner, more sanious, and less abundant, a second cauterization must be made, and this four, five, or six hours after the first. It should be renewed a third, and even a fourth time, at twenty-four hours interval, until diminution of the symptoms is observed.

Cedema of the conjunctiva, producing moderate chemosis, may be left to itself ; but if considerable, the late Professor Sanson's advice should be attended to, and the chemosis excised—an operation which should follow, and not precede, cauterization, in order that the action of the lunar caustic be not interfered with by hæmorrhage.

As to purulent chemosis, I recommend, with Scarpa, free scarification of the phlegmonous swelling.

Although I give unbounded praise to nitrate of silver in all stages of this disease, yet I would not have you believe that I rest upon it exclusively. I derive most powerful assistance from blood-letting, abundant and repeated, both with the lancet and with leeches to the temples, and in the course of the jugular vein, frequent lotions of the eye with a decoction of poppy heads (tepid), neutral salts, as revulsives on the intestinal tube, foot baths, the elevated position of the head, and frictions around the orbit, and in the nares of the affected side, with extract of belladonna, the best sedative in affections of the eye. M. Suhel combines extract of belladonna with an equal quantity of the strong mercurial ointment, and obtains excellent results. Blisters and setons may be advantageously employed after the acute period has gone by. Lastly, I would recommend promptitude and decision in the application of this treatment ; it has never failed me but once in the course of many years' practice, and that was the case I have mentioned to you, in which the deceptive mildness of the symptoms was the cause of a fatal hesitation.—*Prov. Med. Journal.*

Hemicrania and tic douloureux have been successfully treated by M. Ducros, of Marseilles, by the application of ammonia at 25 deg. to the palatine arch, by means of a camel's-hair brush, continued till tears flow copiously.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, NOVEMBER 1, 1843.

No. 13.

PHRENO-MAGNETISM.

[FOR the writer of the following article we feel that personal respect which genius, industry, and intense devotion to scientific research, should always secure to their possessor; yet, this is mingled with a regret that he should exercise his high powers upon such an unprofitable subject. Although he reasons, as we think, from imaginary data, and quotes those for authority who have more honor among strangers, than they have with those who know them best, he will be indulged with the publication of his remarks, out of regard to himself, and not on account of any respect we entertain for the doctrines he advocates.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It has been to me a matter of some surprise that the strenuous supporters of Phrenology, who have been equally strenuous opposers of Mesmerism, should witness in silence that strange amalgamation of the two sciences, which is now being exhibited under the title of Phreno-Magnetism. It surely cannot be that the old standard, stereotyped system is in need of auxiliaries like the magnetic touches, to prop the failing belief of its disciples, or to paralyze the arms of infidels, that it condescends to an alliance so humiliating. You yourself, who have not been sparing in opprobrious epithets on magnetism and its defenders, and who profess to regard phrenology as standing on an elevation “above or hope or fear,” do not seem disposed to reject with proud disdain the new order of facts that has risen to make assurance doubly sure. That watchful jealousy of phrenological honor that cries out, “*non tali auxilio*,” so appropriate to your position and that of other contemners of Mesmerism, appears so hushed and silent in the present case, as to lead one to fear either some unwonted action of the Mesmeric influence, or that, after all, the science is not so independent that favors the most trifling are not gratefully received.

But if phrenologists are satisfied and willing to remain passive spectators of the coalition between their science and magnetism, it does not therefore follow that the friends of the latter should not be desirous to preserve it from contamination. If there is nobody to lay on for Tusculum, there should be somebody to lay on for Rome. And since no

one, to my knowledge, has seen fit to separate scientific truth from humbug, in the present instance, I hope I may be indulged with the privilege in the Journal, of making, in the first place, a few cursory observations on the facts and reasonings of the Phreno-Mesmerists; and, in the second, an attempt to show that the facts of magnetism are opposed to the fundamental principles of phrenology.

The great discrepancy between the Old Phrenology and the New, must, it appears to me, strike any one on a very superficial view of the statements of Phreno-Mesmerites. Indeed, if they had intended to burlesque the whole subject, they could not have hit upon a better method. The school of Gall and Spurzheim had, as they assert, by an extended analysis of individual character exhibited in every-day life, by a thorough examination of the cranial developments and mental peculiarities of the persons confined in nearly all of the prisons and insane hospitals of Europe, and, finally, by exploring the whole field of comparative anatomy, divided the brain into thirty-six compartments, and the mind into thirty-six faculties, and given to each a local habitation and a name. With this arrangement the scientific world rested satisfied for many years. No alteration, no discussion, save here and there in perhaps the meaning of a word, or a squeezing in of a particular organ which the great father had incidentally overlooked. Busts were marked out, and the boundaries of the science were fixed in stultic equilibrium. Mankind became learners. But suddenly the face of nature is changed, the ancient landmarks are swept away, and the old thirty-six are multiplied into a fluxion of some 150 or 160.

Now is it possible to suppose that these different conclusions can harmonize? Does not all the research and accumulated facts of the old school conflict with those of the new? Most certainly, if the new phrenology is true, the old is a tissue of errors, and a revolution instead of a reformation has been the result of the labors of recent investigators.

Theameleon-like hues of phreno-magnetism, as they present themselves under the glasses of different exhibitors, while they completely disprove their dependence on anything like a scientific principle, afford the clue to the discovery of the process by which this class of magnetizers impose on themselves and others. The Rev. Le Roy Sunderland, the best of authorities on this point, while he eschews the neurology of Buchanan, tells us, with regard to the workings of various other experimenters, that he notices in the first place a difference of results with different magnetizers; 2d, a sameness of results with the same magnetizers; 3d, a sameness in the same subject. Now if the results depended on the organization of the individuals, it is plain no such variation would take place. The organs, being fixed and constant in the brains of every individual, would give forth the same fixed and constant results forever, no matter whose organs were excited, or who was the excitor. But if, as we suspect, the phenomena arise through community of mental action, it is natural to suppose that a large proportion of them would present themselves in the manner stated in the first two observations; that is, they would vary according to the ideas uppermost in the mind of the

experimenter. While the sameness of results in the same subject, the fact stated in the third observation, is owing to his having been previously magnetized, and certain ideas becoming permanently associated with certain touches on particular parts of the brain.

To illustrate my meaning here, as well as to prove this position, one or two examples, which fell under my own observation, may be mentioned. Not long since, being present at one of these exhibitions, where the *overdoing of the thing* was such as to render evident the fact that each organ was polarized with reference, not to the development of a class of ideas, but to that of one particular train, I requested the privilege to place my finger on a bump, without the magnetizer or any person in communication knowing what one I might touch. The magnetizer having turned his back towards myself and the subject, I touched, as I thought, the spot over the organ of calculation. Immediately the patient began to brush the dust from his coat-sleeves with great violence. It was then mentioned to the audience that my finger was placed over the organ of calculation. The magnetizer insisted, however, that I must have touched the organ of order. And although I did not consider the brushing of dust from a coat-sleeve a functional act of the organ of order, the majority of the audience appeared to be in his favor. Soon afterwards I had an opportunity to repeat the experiment on another subject, with Spurzheim's bust before me. No sooner did my fingers come in contact with her head, than she spoke and said that she would not sing, evidently impressed with the idea that some one willed her to sing. Now as both of these persons had been repeatedly magnetized before, and by believers in phrenology, with a view to elicit phrenological facts, it is plain that particular ideas had been associated in their minds with touches on particular parts of the head. In the first case, for instance, the idea of brushing a coat was coupled in the mind of the magnetizer with the organ of order; and in the second, the idea of singing was coupled with the organ of tune—both of which organs lie near to the organ of calculation. This association accords with other facts which have been brought to light by means of magnetism. Any part of the body of a somnambulist, there is reason to believe, may be touched by a person in communication, while an idea is uppermost in his mind, to the effect of associating that idea with the actual impression ever afterwards, while the patient is in the somnambulant state. So intense is the power of association, in this remarkable state of mind, that no limits can be assigned to its action. And to it doubtless is due no small share of the pretended demonstrations of phrenology, where the direct action of the mind of the experimenter does not obviously control the results.

To one of these two causes, then, viz., either the direct sympathy between the minds of the magnetized and magnetizer, or to some previous association between impressions and ideas, may all of these phenomena be attributed. Nor is a phreno-magnetist at liberty to say, because he does not *will* a given result, it does not therefore take place by the agency of his own mind. No person can do more than imperfectly control the ideas that arise continually and spontaneously in his mind.

But a small proportion of them, only such in fact as those to which some effort of attention has been directed, are recollected. But that the wandering vagaries and the involuntary thoughts of the person in communication may be manifested in the mind of the patient, has been proved over and over again. The Rev. Mr. Townsend, in his work, has some striking examples of this kind. Among others, he mentions that his patient once quoted from a French work which he himself had lately been reading, not merely the thought, but the language, very much to his surprise.

The classification of the faculties and the location of the organs on the cranium, according to the new school, afford a double proof of their imaginary foundation. Ideas which are naturally associated on the principles of Contrast, Resemblance, Contiguity, &c., are elevated to faculties, and attributed to organs which lie close by one another on the surface of the brain. Thus we have placed, side by side, an organ of ascending and another of descending, one of swimming, another of sailing, and so on. So common are these coincidences, that they are frequently alluded to by the disciples as an interesting feature in their system. Very interesting, indeed! But not more so than the process by which the discovery of these faculties was made. No person can have witnessed or read of many of these exhibitions, without noticing how often, when the experiment *at first view seems to fail*, on re-examination it is *unexpectedly* found that the finger was not placed exactly over the centre of the organ intended to be touched, but a little to one side, in fact encroaching on some neighboring organ, as in the instance of the present writer. Twice he essayed to touch the organ of calculation, once by directing his finger over the external orbital process, and once directed by Spurzheim's bust. But his markmanship was still called in question by the phreno-magnetizer. Let us now place this last fact by the side of the other, and try the method of proof by reversing the question. If a person places the point of his finger over a given portion of the brain of the patient while in communication with him, with expectation of producing a given result, the probability is, that he will fail in a certain percentage of instances. A large proportion of these failures will be owing to the unsteadiness of his thoughts; and again, in proportion as he loses control over his thoughts, they are apt to follow the natural principles of association. Some new thought arises in this way, and is repeated in the consciousness of the patient, even though it may be so transient and fleeting in his own mind as to escape attention. Surprised at the result, he imagines he has not touched the right spot. He examines and persuades himself that he is a little to one side, above, or below the exact point, and being convinced that the train of thought developed must have had its origin at his finger's end, he thinks he must have excited a new faculty. And his previous surprise is turned into joy at the discovery of a new organ close by the one he aimed to touch, which, perhaps, is shorn somewhat of its territory to accommodate its new neighbor. He soon communicates the discovery to some brother disciple, who, on tiptoe, fully impressed with the idea to be elicited, magnetizes another patient,

touches the spot, or near it, and this time all things accord with his previous expectations. The fame of the new bump now spreads, and, like various sorts of fame, "*acquirit vires cundo*;" or, in plain English, the more it is believed, the more the evidence accumulates. In the meanwhile, another experimenter, without hearing of these wondrous discoveries, gives off another series of impressions, which are perpetuated in the same way. At the same time those whom a roving imagination never taught to stray from the precepts of Gall, find the heads of their subjects just as they always had been, marked and approved by Spurzheim. Hence one finds but thirty-six organs; another, one hundred and fifty. Hence Neurology. Hence an organ for every disease, if a man should happen to magnetize in a fit of spleen: and if he repeat the process when convalescent, perhaps he will find an organ for every remedy.

In concluding this part of the subject, I would add that the great error of the phreno-magnetists, and the source of their other errors, consists in introducing two causes to account for that which one would account for as well. It is acknowledged by themselves that mind sympathizes with mind in the magnetic state, whether body does with body or not. It is therefore incumbent on them to prove the impossibility of attributing these results to mental sympathy, before they introduce the complex machinery which they are now in the habit of using. And in order to do this, experiments, conducted with much more caution than any yet recorded, are requisite.

{To be continued.}

INFLAMMATION OF LIGAMENTS, CARTILAGES AND BONES OF HIP-JOINT.

{Communicated for the Boston Medical and Surgical Journal.}

In the latter part of July, the patient, a boy æt. 7 or 8, was poisoned with dogwood, some of which he ate. Skin of different parts of body (particularly face) was inflamed, swollen and red, like inflammation of erysipelas. After apparent recovery from this, severe pain was complained of in both hips, extending down both legs, with very extensive and diffused swelling of one leg and partial swelling of the other. Extreme sensitiveness to pressure in both hips and both legs; but most particularly where swelling was greatest. A physician was called, but was unable to decide with any certainty between poisoning, rheumatism, sciatica, neuralgia, &c. &c. Constitutional symptoms were very severe from commencement of pain. Dr. Revere, of the New York University, was passing the summer in the town, and was invited to see the patient with him. He supposed it as near neuralgia as anything else, and recommended ointments, &c. Soon after, appearances of suppuration presented over the lower part of tibia of side most swollen. On making a superficial and small opening, about a gill of healthy matter was discharged, with slight reduction of swelling, but no relief of pain. Opening healed very soon after, and swelling increased as before.

The writer being on a visit in the neighborhood, was asked by the mother to look at the child. Pain and swelling were both excessive; constitutional symptoms very severe; pulse quick; strength much reduced. The weather was very warm. Patient was semi-recumbent on cushions placed in a chair, legs much drawn up, and excessively painful to touch or the least motion. Complained also of soreness on "sacrum and glutei." On inquiry as to this, discovered that no one had looked at the part, from supposed impossibility of turning the patient (as it gave great pain). First informing parent of extreme danger of sloughing, and preparing bed for the proper position of patient, with legs drawn up, the child was turned immediately. The appearance of the part was truly alarming. It was swollen considerably; cuticle very red and detached in several places, with purulent discharge, and a black slough, half an inch in diameter. The part was immediately bathed in warm water, and a large, soft and mild milk poultice applied. Proceeding to examine the legs, it was found that the one that had been opened was almost ready to burst with excess of swelling; that the opening had been healed for several days, but that there were strong appearances of suppuration immediately below head of tibia on outside of leg, directly above first incision. I suggested to the mother the immediate necessity of making a free opening to save the patient's life or leg, and requested her to call the physician in attendance, as soon as possible. Unable to find the physician, she requested me to do whatever I thought necessary. Thinking the affection (whatever it might prove) was "*deep-seated*," I made an incision about two inches long, directly in scar of first incision, extending it to a depth sufficient to feel the bone the whole extent of the external wound. No pure matter was discharged, but very thin blood and serum to the amount of six or eight ounces in as many hours. The bone did not appear to be in a sloughy state at the seat of incision, but the free incision seemed to relieve the extreme tension and swelling, for in less than twenty-four hours the swelling had evidently abated, and all appearance of suppuration disappeared, though these appearances were strongest immediately below knee. Dr. Stimpson, of Dedham, was called by the attending physician (who saw the patient six hours subsequent to my opening and relieving the swelling). Dr. S. saw patient twelve hours after incision, and was somewhat excited and alarmed at the sight of the integuments of the back; and after his usual careful examination of all the facts, was inclined to the belief that there was inflammation in some part of the ligaments, bone, periosteum or articular cartilages; with suppuration and ulceration, apparently in one or both hip-joints, or in their neighborhood. He recommended the usual constitutional remedies, and a poultice to the whole limb, with directions to keep the incision as free as possible.

I am aware that incisions are often made after escape of pus from cavity of joint; but it seems that a free incision (prior to suppuration so extensive as to rupture the cavity of the joint, or prior to the suppurative stage of inflammation), extending through the periosteum or even into the cavity of the joint, would greatly relieve, if not entirely remove the

inflammation. We see the good effects of this treatment in osteal paronychia, frequently preventing sloughing of the bone and immediately arresting a dangerous swelling. Will the analogy hold in this case? I think it must. It certainly is worthy of consideration. Our remedies frequently "scotch the disease, but seldom kill it," for they act (if at all) only *indirectly*. Though the swelling immediately below the knee had no direct communication with the part incised, yet all appearances of suppuration soon disappeared, and reason and analogy show it to have been proper treatment; though some deny it. The immense swelling, pain, and constitutional symptoms, in such cases, arise more from the confinement of the inflammation or pus, than from the nature or seat of disease. This patient was first seen by me on Tuesday morning, and had been seen by the attending physician on Sunday morning before. The child then complained of soreness over sacrum and nates, but for some reason or other they were not examined, though the parents were made aware of the necessity of extreme caution in such cases. The position of the patient had not been changed from the commencement of the severity of the symptoms, except from lying on back, to sitting reclining backwards, on account of believing any other posture impossible.

The patient seemed for a fortnight to be a little relieved; fever, swelling and pain abating, and appetite returning. The slough on the back, before mentioned, had not yet separated, when symptoms took a decidedly unfavorable turn. Hectic increased, appetite and strength failed, the yet unhealed ulcerations of back assumed a slightly livid appearance, an appearance of inflammation appeared over tuberosity of ischium, with considerable swelling, a slough formed of the diameter of a quarter of a dollar, and a large and diffused swelling formed immediately below the trochanter of opposite side, the contents of which appeared, through the skin, to be a fluid of a dark color, with considerable appearance of redness of integuments. There was also some discharge of blood from the bowels. The constant change of position and regular discharges of bowels had not been attended to with the strictness absolutely necessary in patients afflicted as this one was; and I thought the strength, or rather the last efforts of nature, would succumb in course of ten or twelve hours, to the severity of the symptoms, some of which were necessary, and others accidental. Nature, however, finally prevailed, and in the course of twenty-four hours the patient's strength seemed to rally, the swelling below the trochanter gradually diminished in size and grew hard, and the appetite improved. For the last three or four days the pain appeared to have subsided altogether, even the soreness of integuments, and there was great tendency to oedema, following the laws of gravity. These unfavorable symptoms, however, have now disappeared. The first slough was cut off about a week since; the second is loose, but of considerable depth, with ulceration around it of tolerably healthy appearance. Nates of left side now showed the characteristic appearance of suppuration of joints, and Dr. Stimpson, who now saw the patient again, was quite positive that this affection must have been the origin of the symptoms.

On careful inquiry, it was found that the child had pain, lameness and enlargement of glands of groin, prior to the poisoning. Patient seems now tolerably comfortable, but disease in the hip seems going through the usual routine, as it is quite tender, &c. &c.; though the limb does not appear yet to be shortened or lengthened, and no outlet for pus is yet formed.

I should be happy to apprise you of the result of the case, should you desire it.

T. K. THOMAS, JR., M.D.

Canton, Ms., Sept. 25th, 1843.

THE GROWTH OF THE BEARD MEDICALLY CONSIDERED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Deeming the subject of the human hair of no inconsiderable importance in a medical point of view, and being fully of the opinion that much may be done towards the preservation of health by a clear understanding of the nature and uses of this appendage, we take the liberty of submitting to the profession the following ideas in relation to the subject.

It has been well remarked by physiologists, that "*Nature in her works is never superfluous.*" Our Creator, when he made man, formed him in his own image, *perfect*. Not only was the body fashioned comely and symmetrical in its proportions, but every part, every appendage, was given him for some wise and useful purpose. We therefore assert that the practice of *shaving the beard*, and thus depriving the face, throat and chest of that efficient protection which nature has provided, is one of those pernicious customs which an imperious and blind *fashion* has introduced, and which has conduced materially to the production of the numerous diseases of the respiratory organs with which mankind are afflicted.

In order to substantiate this position, it is necessary to inquire whether those who wear the beard long, are as prone to affections of the throat and breast as those who are shaven.

By recurring to the customs of the ancients, both previous and for a long period subsequent to the time of our Saviour, it will be seen that it was customary to wear the hair and beard long. We also learn from the best authorities, that diseases of the throat and chest, as well as scrofula and analogous complaints, were of very rare occurrence among them. Indeed, we believe it to be a fact which cannot be controverted, that with those nations where the hair and beard are worn long, the people are more hardy and robust and much less subject to diseases, particularly of a pulmonary character, than those who shave. The Turk, the Russ, the Greenlander, the Persian, &c., have been nearly exempt from bronchial and lung complaints, in comparison with the European and American. Nor can this be attributed to any climatic influence, for no people are more exposed to atmospheric changes than the inhabitants of those northern regions.

The fashion of shaving the beard, like many other foolish and injurious customs of civilized life, has often originated from absurd and ridiculous causes. Among the first who practised shaving the beard, were the soldiers of Alexander the Great, who were commanded to remove their beards in order that they might not serve as handles to their enemies in battle! When Louis XIII. ascended the throne of France, in 1656, it was the custom of the inhabitants to allow their faces to remain as their Creator made them. This monarch, however, was a *beardless* youth, and thus, in order to ape royalty, was *shaving* introduced and beards proscribed. In Spain, also, was the fashion introduced in a similar manner. Philip V. was a *beardless boy*, and therefore, for fashion's sake, did his subjects, hitherto noble and manly in appearance, reduce themselves to this unnatural and childish state.

The hair being a bad conductor of caloric, is admirably calculated to retain the heat of those parts which it covers, and to protect the important organs within from the effects of cold and the constant atmospheric vicissitudes to which man must be exposed. The importance of this protective agent will be appreciated when it is borne in mind how many inflammatory attacks are induced by the sudden application of cold, and by suppressing that function so necessary to health, the perspiration. With a long and heavy beard, a man can brave, with impunity, the "peltings of the pitiless storm," and bid defiance to the cold winds of winter, while a shaven and unguarded throat must succumb to the piercing blast.

Would the limits of a periodical permit, a great number of facts might be cited illustrative of this statement. Suffice it, however, to say, that for a number of years past, in all cases of "throat ail," bronchitis, catarrh and debility of the lungs, it has been our practice to recommend the growth of the beard as an important auxiliary in restoring the parts to their normal state. The adoption of this advice has been attended, in every instance, with decided and happy results.

The question has been often asked, why clergymen are more troubled with affections of the throat, than lawyers and other public speakers. When it is borne in mind that nearly all ministers keep themselves shaved, while, in a majority of instances, lawyers and others who are in the habit of speaking in public, permit the hair to grow under their chins, the answer will be apparent. The fact that the irritation is situated in that part of the larynx which is exposed, would seem to confirm the views we have taken.

Aside from its utility in a medical point of view, we are of opinion that a luxuriant and flowing beard adds to the grace and dignity of a man. As a smooth and soft face gives to the female that delicacy and feminine tenderness which is so appropriate to her sphere, so does the beard give to the male the manly dignity and sternness of aspect which is so well adapted to him who is to brave the tempests of a rough world. We are aware of the delicate ground on which we tread when attempting to interfere with any prevailing mode, and we expect that every weak-faced and sandy-bearded individual will endeavor to ridicule and decry

our benevolent efforts ; but we shall persevere in our efforts to introduce a more close imitation, *physically* as well as *mentally*, of the wise and holy patriarchs of old. They, like good and true men, did not attempt to improve upon the workmanship of the great Architect of all, but preserved that distinctive mark between the sexes which the long and manly beard gave them.

It has been said that man is naturally subject to no diseases except those which result from old age. And who can doubt, when contemplating the many barbarous customs of society, that there is much truth in the assertion ? Behold how the beautiful female figure is constantly pressed out of all natural shape and symmetry, by the use of those "infernal machines," corsets and stays ! See these waspish deformities pining through their brief career, and transmitting to their offspring the feeble and imperfect organizations which such an utter perversion of nature's laws must ever inflict.

If there is propriety or reason in mutilating the body by shaving off the hair or by contracting the diameter of the chest with corsets, &c., then there is propriety in arresting the growth of the feet *a la* Chinese, and flattening the bones of the cranium after the manner of the Flat-head Indians. If we sanction the barbarous customs of our own country, let us not condemn the barbarous practices of other nations.

October 16, 1843.

MASSACHUSETTS HOMŒOPATHIC FRATERNITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As a matter of any importance, in itself, it would not be of consequence to notice a misstatement in your last Journal, in relation to the above-named fraternity ; yet it might be unbecoming in me to allow it to pass without correction. You designate me as the President of that association. I *am not* its President. It has elected no such officer, but has been served by a Secretary only, and by a Chairman chosen at each meeting.

Please insert this in your next No. and oblige
Boston, October 24th, 1843.

J. F. FLAGG.

P. S.—If you think it will be of interest to your readers, you may, if you please, add, that—

The Massachusetts Homœopathic Fraternity held its first meeting, about four years ago, with only four members. Less than three years since, its constitution was adopted by seven signers. These have increased to sixteen or seventeen, and others have been elected, bringing its present number to about twenty or more—all members of the Massachusetts Medical Society—none being admitted who are not either Fellows of that Society, or eligible thereto.

The Fraternity hold their meetings monthly, for the sole purpose of mutual improvement in the science and practice of homœopathy. They have evinced no desire for notoriety, not even to proclaim their existence

as an association. (This you have now done for them.) They were united under the convictions obtained by some experience, that homœopathy was a subject deserving their most serious attention, and demanding their candid examination; and it is not known that a single member has seen cause to change his opinion, or relinquish the pursuit of his studies and practice in the new system.

They depend on homœopathy, most of them *entirely*, others *mainly* and so far as their knowledge and experience in it will warrant, for their own persons and families when medical treatment is required; and this in cases mild or severe, acute or chronic, and with highly satisfactory results.

In the pursuit of homœopathy, however, they fully and emphatically disclaim all fellowship or sympathy with those who are endeavoring to introduce or extend it by the tricks and arts of irregular practitioners or reckless impostors; and *particularly* such as have been, for the last year or more, advertising and puffing themselves in the newspapers, as "*Homœopathic Physicians*," offering for sale "homœopathic specifics" for all manner of diseases, and striving to impose on the uninformed and credulous, for homœopathy, that which is entirely adverse to its principles and practice.

J. F. F.

A SOUTHERN WINTER'S RESIDENCE FOR INVALIDS.

[THE following letter, addressed by Mr. M. C. Heald, of Georgia, to Dr. North, of Saratoga Springs, contains information so explicit, and, on the whole, so favorable, that we take the earliest opportunity, in compliance with the suggestions and permission of Dr. N., to lay it before the readers of the Journal for the benefit of such of their employers and friends as are contemplating a flight to the South for the winter. South Newport is said to be about eighteen miles north of Darien, on the stage road to Savannah.]

DR. M. L. NORTH.—DEAR SIR,—Your favor of Sept. 20th came safely to hand, somewhat retarded by a temporary derangement of the mail.

Dr. Sylvester was right in saying to you that I am a northerner and a temperance man; also a member of the Presbyterian church.

I shall be willing to take boarders for the winter or by the year if they can put up with many privations which could be readily prevented in a northern market. Our mode of living is quite different from the northern; but in case any one requested, I can order supplies from Boston or New York, but it would make an extra expense. I have concluded, upon deliberation, that I cannot board, furnishing lights, fuel, doing washing, &c., for less than \$2,50 per week, which is as low for this season as \$2 was for the last. However, in case I could get from ten to fifteen boarders, I would board for less, say \$2 or \$2,25. My place is six miles from the Presbyterian church, but within forty rods of the Baptist church, that has preaching half the time by an excellent man, educated at the North, who seldom meddles with sectarian principles.

Persons spending the season here will have the post office in the same house, as I am the post-master. I also keep a small store, am near a river, have a fine sail-boat that can carry about twenty persons, and we often take a trip to the sea islands to hunt, &c. We have plenty of deer and a fine chance for sport.

Vessels make the voyage from New York to Savannah or Darien in from four to six days, and charge from \$15 to \$25. Stage fare from Savannah to this place, \$4. From Darien, \$2. Runs every day in the winter, Sundays excepted.

We have a very mild climate. I have not seen an ounce of snow in this place in six years. We have very little sickness in the winter season, and physicians are scattered.

Strangers are generally well pleased with this place, which I am inclined to think is as pleasant as any in Georgia. We have very good water, have plenty of fish and oysters; can sail to the oyster banks, take in a supply and return with the flood tide. In the Spring we can catch fish weighing from 50 to 100 pounds, in the river below me, which is fine sport. There is plenty to divert one in the vicinity, and strangers are generally well pleased with the people about us.

In case you come yourself, or send any boarders out to this place, I should be pleased to know it a few days previously. If I could be sure of twenty or thirty boarders next year, I would make all necessary arrangements for them, and could board for \$2 a week.

You may rest assured that all shall be done, for the comfort of boarders, that lies in my power. I am, very respectfully, your ob't servant,

South Newport, Ga., Oct. 7, 1843.

M. C. HEALD.

ON SEMINAL DISCHARGES FROM THE URETHRA.

By James Douglas, M.D., Glasgow.

SINCE reading the papers in the Gazette by Mr. Phillips*, on involuntary discharges of spermatic fluid, I have always intended to send a note of my small experience on this subject, but have delayed rather too long for it to come into close enough relation with his. The readers of the Gazette will probably remember, however, that after describing the causes and the debilitating effects of these discharges, Mr. Phillips explained M. Lallemand's plan of treatment, by cauterizing the prostatic portion of the urethra with the nitrate of silver, and gave an account of the cases in which he himself had put it in practice.

In October, 1837, I read a paper on spermatorrhœa before the Glasgow Medical Society, in which I gave an account of Professor Lallemand's opinions on this subject, and the history of a case which had occurred to myself. The patient was a medical man, and he was so impressed with the truth of M. Lallemand's doctrine, with which I had made him acquainted, that he formed the resolution of visiting Mont-

* See this Journal, Vol. XXVIII., pages 35, 89, 418.

pellier, and being operated on by the Professor himself. This was accordingly done; but he did not remain sufficiently long under M. L.'s care to see that there should be no need for a repetition of the application. He was, however, greatly benefited, the discharges having become much more rare. Some months after he desired me to cauterize the prostatic urethra for him again, which I did very freely, and a renewed improvement was the result, although the discharges have never entirely ceased.

Last year a case occurred to me, which I treated with a different local application. As it appeared to me that the effect of the caustic on the urethra must be very much the same which its solution has on the conjunctiva, diminishing its sensibility or irritability, I thought that perhaps a solution of opium might serve the purpose as well, or perhaps better, attempting at the same time to give tone to the parts by the use of general means.

R. M'G., æt. 28. Nov. 20th, 1842. About six years ago fell into the practice of masturbation; at that time having never touched a woman. For about twelve months was much given to that bad practice, and ever since has continued it occasionally. About seven months after first commencing masturbation had sexual connection, and but seldom since.

Five or six months ago he complained to me of frequent slight headache, and giddiness in looking down, which he attributed to derangement of the stomach, and treated as such, with but partial success.

In August last he first noticed that he lost semen at night during sleep; not thrown out in the way of ejaculation, but running from him gradually, and without any pleasurable sensation; also without any lascivious dreams, and with scarcely any erection. About the same time he noticed the semen to be parted with when at stool, and frequently also when making water.

In the beginning of October he told me of this complaint. I inquired whether he had given up the bad practice which occasioned it, and he pled guilty to still polluting himself with it sometimes. I made him promise to give it up entirely, and this promise he has faithfully kept. I then put him on an ounce of steel (tr. mur. ferri), and ordered the shower-bath, cold, every morning. By the end of October he said that he felt his general health improved, but that the emissions still continued. I then ordered a mixture of mucilage with watery solution of opium, one grain of opium and three grains of acetate of lead to the ounce of the mixture, to be injected into the back part of the urethra, and even into the bladder. In ten days I doubled the strength of the opium. This was used three times a day. When the injection was first allowed to pass back, it produced a sensation of heat, and afterwards a pleasing soothing feeling. It has now been used for three weeks, and the improvement is very marked. He has now no nocturnal emissions, and very rarely when at stool, and these only to a very small extent.

I recommended him at this date to change the muriate of iron for the carbonate, and to continue the shower-bath and the injection.

Dec. 6th.—Has improved very much in his general appearance. Uses the injection now only before going to bed. Has had no nocturnal emis-

sions since former date (Nov. 20th), and very few when at stool, and none at all with his urine. I advised him to continue.

This summer I had occasion to see him on account of dysentery, and learned that he was almost entirely free of his annoyance, the only remedy which he still uses being the shower-bath.

Should this treatment, by injecting the solution of sugar of lead with opium, mixed with mucilage, be found generally serviceable, it will have the advantage of not requiring the confinement which is necessary for some days after the application of the nitrate of silver.—*London Medical Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 1, 1843.

Sulphur-fume Baths.—In Italy there is a volcanic district called Solfatara, containing a natural apparatus or laboratory for generating sulphurous vapor, the therapeutic properties of which, it is said, have been known to the vicinal population for ages. This gas is continually poured forth through fissures in the earth, and over these the inhabitants build small huts, in which they expose their naked bodies to the action of the vapor for the cure of various diseases.—[Vid. Phil. Journal of Med. and Physical Sciences, Vol. III., page 126.]

To Dr. Galés, of Paris, more than to any other medical man, is due the credit of making the first scientific application of sulphur fumigation, combined with artificial heat, in the treatment of various intractable complaints. In 1816 he published, by order of the French government, his *Memoirs and Reports on the efficacy of sulphurous fumigations, in the treatment of diseases of the skin, joints and glandular system, chronic rheumatism, paralytic affections, &c.* The subjoined extract is from a report of the "Faculty of Physic of Paris," made in 1815, touching the merits of the remedy in question, and may not be without its use to the medical profession on this side the Atlantic.

"The Faculty named a Committee, which has pursued their experiments on these methods and compared them with other remedies. The fumigations which Dr. Galés first brought into use, to heal diseases of the skin and other chronic maladies, is a remedy which, in many instances, has been attended with more efficacy than others which have usually been employed up to the present time—such as the juices and apozems to which we give the name of depuratives, the internal and external use of mercury, the various preparations of antimony and sulphur, internally or externally, &c. &c.

"This new method, moreover, presents two important points in the practice of physick as it respects *herpetic affections; for hereditary diseases have been cured by it, even those hereditary scorbutic complaints which had existed from earliest infancy, and seemed to be incurable from the long continuance of the disease and its adherence to the economy of the patient's constitution.* Some of these patients had been treated by a great

number of remedies, had despaired of recovery, yet were radically cured by this method.

"This remedy, which appears to convey an exciting effect to the lymphatic and absorbent systems, has been employed to counteract such affections as seem to depend on a want of tone in the system—as scrofulous and certain other swellings. This remedy has also been employed in gout, rheumatism, palsy, and many other diseases, and often with the greatest success. By this method *rheumatic affections* are readily cured; more especially as in gout, when the disease has been of a chronic nature.

"In stating the results of our observations, as well as from the avowal of Dr. Galés, we fear not to assert the inefficacy of the fumigation in *some* cases; but the constancy of the effects which we have experienced from it in curing diseases of the skin, and the advantages which have been derived from the practice in the treatment of other diseases—advantages which time and new experiments may yet extend—all conjoin to dispose us in favor of the remedy. We ought, however, to observe, that if the success attending its use has not always been the same, its application has never been attended with any prejudicial consequences; and we merely state these circumstances resulting from its immediate effects, that every practitioner may be enabled to form a true judgment of them."

The report from which the above extracts are taken was signed by Leroux, Dubois, Dupuytren, Richerand, &c. After receiving the approbation of such eminent men, the fumigating baths immediately enjoyed the confidence and extensive patronage of all the leading members of the medical faculty of Paris, and have been in active operation in the principal hospitals of that city for more than twenty years. The annual number administered at some of these establishments is very great. At the Hospital of St. Louis alone, the number is more than 180,000, besides those given at the Hotel Dieu, Maison Royale de Santé, &c. Dr. Green states that of sixty-two patients whom he saw present themselves to the Baron Alibert one morning for advice, only seven were prescribed for exclusive of these baths as a part of the treatment. For many years Dr. Green has been connected with a hospital in London, where the heated air and fumigating bath has constituted an important item in the cure of numerous maladies. He states that the success attending the practice, the satisfaction given to medical men whose patients have been subjected to the remedy, and the generally happy results to the patients themselves, equally contribute to encourage their use and extend their advantages.

The sulphur baths are usually esteemed a great luxury by those who take them. The patient enters the apparatus with the thermometer at about 100 deg. As soon as everything is arranged for his convenience and safety (which requires but a moment's time) the sulphur, previously deprived of its acid properties, is evaporated as rapidly as possible without producing a flame. The temperature is raised gradually to any point desired, and the effects produced upon the circulation, the skin and respiratory organs, as well as the general sensations, are carefully watched. The feet are always kept the hottest. The face is not included within the apparatus, and the individual inhales as pure an atmosphere as though he were sitting in a parlor, and is totally unconscious that his whole person, except the head and face, is enveloped in a dense cloud of dry, medicated vapor. In six or eight minutes the arterial pulsations become ac-

celerated, full and vigorous, but always soft ; an animated blush is diffused upon the countenance, and the whole surface of the body and limbs is covered with moisture, as if the individual had been engaged in some powerful athletic exercise. The amount of perspiration can be regulated at the will of the person in attendance, and may be more or less copious as the nature of the disease and the condition of the patient may indicate. While he is thus situated, with the circulation quickened and the cutaneous pores expanded and excited to increased activity by the high temperature of the rarefied atmosphere surrounding him, he is in the most favorable circumstances possible for the absorption of sulphur in its minutest division ; and whoever reflects upon the manner in which the circulation and all the other vital phenomena are performed, will perceive that this method of treatment commends itself for its simplicity, safety and efficacy in cutaneous diseases, chronic rheumatism, neuralgic affections, glandular engorgements, &c.

The fumes of sulphur in combination with the exalted temperature of the bathing apparatus—say at 110 or 120 degrees—usually produce a very sensible stimulating effect upon the dermoid texture when in a diseased condition. This is by no means an unwelcome influence ; because, if allowed to attain only a moderate degree, it almost uniformly ends in a favorable modification of the habits of the cutaneous vessels. On the other hand, the temporary exposure of the surface of the body to the remedy in question at a low temperature—say at 80 or 90 degrees—would probably exert little or no power in the amelioration or cure of disease. We might as well use the small dust of the balance.

The baths exert a benign action upon persons of a thin, nervous or phlegmatic habit ; also upon those of a scrofulous diathesis with languid circulation, cold extremities, and the skin in an inert, unperspirable condition, as well as upon those who possess but a moderate or feeble muscular power, with the general sensibilities and functions of the system prone to an atonic state. Under such circumstances the beneficial results of the fumigations, judiciously administered, in the dissases already named, may be relied upon in the majority of cases with little fear of ultimate disappointment. To produce their full and best effects upon the system, they require a nice tact on the part of the individual who superintends them, a correct knowledge of the circumstances under which they should be given, judgment as to the duration and temperature of each bath, and ability to detect with precision any peculiar operation that may be displayed upon the cerebral, pulmonary or cutaneous organs ; and like all other remedial appliances, should be saved from the hands of quackery and ignorance with as much care as we would rescue pearls from the trappings of swine.

An idea is prevalent, we believe, in the minds of some, both in the medical profession and out of it, that a succession of the sulphur baths produces constitutional debility. We have good authority for saying that this is not true unless they are given in a rude empirical manner, as they often have been in this country, by persons ignorant of their *modus operandi*—who know nothing of the maladies to which they are adapted, or of the pathological condition of the patient at the time, and who of course are guided by a blind indiscrimination in regard to many important particulars which none but a physician would think of or understand. The immediate sensations experienced by those who take them are almost

always those of increased vigor and elasticity of body and cheerfulness of mind. The more lasting impressions upon the system generally, are those of a tonic. Of this fact there is no doubt. The appetite is sharpened, the stomach and all the digestive organs are rendered more energetic and successful in the execution of their various labors upon "the plastic elements of nutrition," and the patient is quite certain to gain flesh unless measures are taken to avert such an occurrence. Nearly two thousand of these baths have been administered within the last two years at Dr. Durkee's private hospital in this city. He informs us that it is his practice to ascertain the weight of the patient at the time of commencing and completing a series of the baths, and the result in regard to the increase of weight, in fifteen cases out of twenty, is as we have just stated, which affords ample demonstration of their prophylactic nature. If taken but a few times they produce a peeling of the diseased as well as the healthy integuments, so that the patient soon finds himself clad in an entire new skin. This process of cuticular exfoliation is repeated with greater or less frequency, and is more or less perfect according to the number of baths, and the manner in which they are given. Usually the cuticle is cast off at about the eighth repetition.

So many different phases, and so many degrees of virulence and obstinacy, and so much capriciousness, appertain to almost every variety of cutaneous complaints, and so many idiosyncrasies are to be encountered and accommodated in the course of treatment, that in regard to the number of fumigations necessary for the cure of different cases belonging even to the same group or family, no very definite calculation can be formed; but in most instances a decided amendment is perceptible after the first exfoliation of the cuticle has taken place.

The baths may be taken at all times and seasons without risk of "taking cold;" and the reason is this: the ceremony itself induces a state of great activity in the general circulation—especially is this the fact with the capillary vessels of the skin, which condition fortifies the individual against any supposed danger arising from subsequent exposure in the open air.

*A Treatise on Diet.**—From the author, Wm. Davidson, M.D., of London, we have been favored with a highly finished duodecimo volume, with the title given below. No claim appears to be made to originality; ideas, opinions, facts and suggestions have been selected from reputable sources wherever they could be found; and by being classified and interwoven with the clear and judicious observations of Dr. Davidson, possess an increased value. It is really pleasant to look into a book of this kind, and find it free from that tissue of nonsense which characterizes the school of starvationists, who have had an ephemeral existence in this country, but who are now only remembered to be laughed at for their absurdities, or pitied for their obstinacy in warring against nature and the special yearnings of their own stomachs.

From an examination of the pages, thus far, it apparently does not pretend to take the high scientific ground assumed in Dr. Pereira's pro-

* *A Treatise on Diet*, comprising the Natural History, Properties, Composition, Adulteration and Uses of the Vegetables, Animals, Fishes, &c. used as Food. By William Davidson, M.D., &c. &c. London: John Churchill. 1843. 12mo. p. 383.

duction on Food and Diet, which has but lately come from the American press. Nevertheless, it is scientific in character, and appropriate for the object for which it was evidently intended, viz. popular reading. A dyspeptic may guide himself in safety through the market with this prudent monitor in hand; and the book will also advise an invalid in regard to the character of the food which, under all circumstances, is most harmless, or appropriate. We consider the work, on the whole, a safe and edifying companion for all sorts of reflecting people, rather than a rule of practice for practitioners of medicine, who, in the daily circuit of professional business, store up very nearly the same general knowledge upon the subject of the effects of different kinds of diet.

In the first part, expressly devoted to dietetics, is embraced the consideration of digestion, indigestion, alimentary principles of the various kinds of food; diet of man during the various periods of life; times of eating; diurnal quantity of food required by an adult; diet during disease; drinks, condiments and cookery.

Were it re-printed in this country, we have an impression that an edition would go off with rapidity. The plain, honest statements with which the book is replete, together with the important dietetic rules and information to be derived from it, would certainly influence those who are so fortunate as to enjoy its perusal.

Extirpation of a Dropsical Ovarium.—One of the last operations of this character was performed by Dr. F. Bird, of the Metropolitan Free Hospital, London. In this case paracentesis had been previously performed ten times. He made an incision a little below the umbilicus, on the right side, and having discharged the tumor of its contents, it was withdrawn to the outside of the abdomen, and separated, with a large part of the Fallopian tube. The solid part of the tumor was a little larger than an orange, but when filled, says the report, would contain about two gallons of fluid, and weigh rising of twenty pounds.

Dr. Sewall, of Washington, D. C., on his late tour in Europe, witnessed the success of this triumph of modern surgery, and expresses himself delighted with the important information he gathered on this one point. When he has had leisure for arranging the notes he may have collected, and classified his observations upon the scientific men of the great and justly-renowned medical institutions of the old world, the profession may be gratified with an occasional paper from him. At all events, his friends will hardly be willing to excuse him from the labor.

Vanilla Infusion.—In Germany, that country where, of all others, new things in medicine are developed, a certain Dr. Herschmann prescribes an infusion of vanilla against adynamic fever and hysteria. It is prepared by pouring from three to four ounces of boiling water to one drachm—to be digested in a close vessel and sweetened. A dose is about this quantity in twenty-four hours—taken from time to time.

In New England this vanilla is used extensively for flavoring ice creams. The practice of prescribing it in debility, of typhus, for example, is entitled to no more praise than that of giving a glass of tamarind water under the same circumstances. It may be something more of a mild stimulant, and that is all.

Copland's Medical Dictionary.—Inquiries are frequently made at this office respecting the unfinished portion of this Dictionary, the re-publication of which, it is well known, was commenced in this city seven or eight years since. One reason, and a pretty important one, why the work has not been completed here, is, that it is still unfinished in London. The Boston publishing house, however, which undertook it, has long since failed, and the stereotyped plates of the published volumes it was understood were bought by Gen. Duff Green, of Washington, but who has, we believe, done nothing towards issuing the Parts which have since been published in London. We noticed, some time since, that Lea & Blanchard, of Philadelphia, proposed publishing the work; but whether they intend a continuation of the American Parts already published, or an entire new edition, we have not been informed. We have little doubt that so valuable a work will be re-printed here soon after its completion in England; but that those who paid for it in advance will have any claim upon a new set of publishers, is not very probable. The unaccountable delay of the author in preparing the matter has prevented, and probably still prevents, American publishers from taking hold of it.

Medical Miscellany.—Assistant Surgeon T. M. Potter, U. S. N., is ordered to Frigate *Raritan*.—Animal magnetism, under the name of *pathetism*, which takes off the wire edge of the old farce, seems to be reviving again in Providence, under the potent agency of the Rev. Mr. Sunderland, of New York. Where is Miss Brackett, the former wonder of *clairvoyant* believers?—In gratitude for the services of Dr. S. Ferrier, Surgeon of the Ship *Thunderer*, three companies of soldiers had contributed funds to present him with a superb gold snuff-box.—Dr. Bridgeman is much respected in China. Dr. Peter Parker seems not to be doing so much surgery there, as formerly.—There seems to have been a severe mortality in King George's Co., Virginia—the disease not being mentioned.—Dr. Hulse, Dr. Picket, Dr. Todd, Dr. Williams and Dr. Andrews, are reported to be very sick with the yellow fever at Rodney, Miss.—Dr. Rawson, an Alderman in New York, is a candidate for coroner.—The old Medical Society of London intend to publish their transactions. The last of its memoirs given to the public was in the latter part of the last century.—*Origin, Symptoms, Treatment, Diagnosis and Consequences* of scarlet fever, was the Fothergillian subject for a medal in March, 1841. For 1845 it is to be the origin, nature and treatment of lepra psoriasis.

TO CORRESPONDENTS.—Review No. 2 of Drs. Curtis & Lillie's *Epitome of Homœopathic Practice*, has been received from the writer of the review published in this Journal in July last.

DIED.—In Shrewsbury, Mass., Dr. Azor R. Phelps, 46.—In Charleston, S. C., Dr. Benjamin Waterhouse, Jr., formerly of Cambridge, Mass.—At Rodney, Dr. J. H. Savage. In Copenhagen, Denmark, Dr. Jacobson, 61, principal physician to the King and Queen.

Number of deaths in Boston, for the week ending Oct. 28, 40.—Males, 22—Females, 18.

Of consumption, 5—infantile, 3—sudden, 1—lung fever, 5—old age, 2—typhus fever, 2—disease of the heart, 2—cancer, 2—bilious fever, 1—hooping cough, 1—measles, 2—drowned, 1—dropsy in the head, 1—indigestion, 1—accidental, 1—marasmus, 1—inflammation of the bowels, 2—brain fever, 1—dropsy on the brain, 1—neuralgia, 1—liver complaint, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 6—between 20 and 60 years, 13—over 60 years, 4.

Theory of Animal Heat. By J. M. WINN, M.D., Truro, England.—About three years since, whilst making a few experiments with caoutchouc, I was forcibly struck with the property it possesses of evolving heat when suddenly stretched, and was led at the time to infer the probability of other bodies being similarly endowed. The elastic coat of arteries especially, from the mechanical resemblance it bears to caoutchouc, appeared to be one of the substances most likely to exhibit this calefactory principle; and in the event of this being the case, it would not be unreasonable to conclude that the incessant contractions and dilatations of the arteries during life must form an efficient source of animal heat.

During the past week I was induced to resume the subject afresh, and upon making an experiment with part of the aorta of a bullock, I felt much gratification in being able to verify my previous conjecture. The experiment was performed in the following manner:—Having cut off a circular portion of the descending arch of the aorta, about an inch in length, I laid it open and carefully dissected out the elastic coat, and taking hold of it by each extremity, I pulled it to and fro with a continuous jerking motion (in imitation of the systole and diastole of the artery), for the space of about a minute, when, placing it on the bulb of a thermometer, I had the satisfaction to find that after it had remained two minutes the mercury had risen as many degrees. On removing the thermometer the heat immediately began to diminish. To be certain that the heat did not arise from any other source than the one in question, I took the precaution of covering my fingers with a double layer of flannel to prevent the communication of heat from the body; I also covered my mouth with a handkerchief to guard against the warm breath affecting the thermometer whilst watching the progress of the experiment. I may likewise state that the experiment was performed in a room without a fire, the temperature of the air at the time being 55 deg. There were several difficulties to contend with during the investigation, and it was not until after repeated trials that the experiment succeeded to my satisfaction. The chief impediment, I think, must have been owing to the moisture of the artery, which, by its evaporation, must have had a constant tendency to carry off the heat. Having, however, performed the experiment twice consecutively in the same satisfactory manner, I think there can be but little doubt entertained as to its conclusiveness. My attention was often arrested, whilst conducting the experiments, by the striking mechanical analogies between caoutchouc and the elastic coat of the arteries. Like the former, the latter could be elongated to twice its ordinary length, and on withdrawing the tension would return to its usual dimensions with considerable force and a snapping noise. I was also surprised to find, on slightly drying it, that it would erase black-lead pencil marks from paper without leaving a stain. This latter circumstance is perhaps of trifling importance; it serves, however, to show that strong mechanical resemblance may exist between bodies widely differing in their chemical properties.—*Philosophical Magazine.*

Action of Belladonna and Hyoscyamus on the Eyes.—A grain of the extract of either of these plants is sufficient to obtain a well-marked dilatation of the pupil, but a fifth or a tenth of a grain of atropine will produce the same effects. A very prompt and durable dilatation may be obtained by the endermic method, by applying these narcotics to the most vascular parts near the eyes.—*Lon. Med. Times.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, NOVEMBER 8, 1843.

No. 14.

REVIEW NO. II.

“*An Epitome of Homœopathic Practice.* By J. T. CURTIS and J. LILLIE, M.D.” New York. 1843.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Our notice of this very extraordinary “*Lillie-putian*” production of the homœopathic school, has, I perceive, brought down upon your innocent head the outpourings of the author’s wrath, as may be seen at length in the “*New York Evening Post*” of Oct. 7th. We shall not go into the merits (?) of his reply, *in extenso*, as he sufficiently refutes himself as he goes along; but a few comments may, perhaps, not be out of place.

We stated in the Review, that “*Jahr’s New Manual* was a work of pure fiction,” and referred to the articles “*Actæa, aquilegia, chenopodium, nigella*,” &c., in proof of the assertion; *Jahr* himself having acknowledged (*Preface to his “New Pharmacopœia and Posology”*) that the symptoms under these and other articles had been forged! We gave the pages in *Jahr* at which these articles might be found; and Dr. L. replies by saying that in *his copy*, they are not found at the pages as quoted. If, however, he will consult the edition published at *Allentown, Pa.*, and by *A. Waldie, Phil.*, 1836, he will find our statement verified. And does not Dr. L. himself say as much in his Preface to his “*Epitome*”? Speaking of *Jahr’s* work, he says, “*Vain repetitions and downright tautologies abound on every page; while the greater part of the work is occupied by pathogenetic results which a practice of half a century has not yet confirmed.*” In plain English, the symptoms, there set down as having been caused by certain articles, have never yet been witnessed in experiments made by others with these same articles. In other words, they are *imaginary*; and of course, have been *forged*. If the “*greater part*” of the work is of this character, the value of Dr. L.’s publication may be easily calculated, when he calls it—“*essentially an Epitome of Jahr’s New Manual.*” (Is it for this reason that Dr. Hull says (*Homœopathic Examiner for August*) that “the ‘*Epitome*’ is entirely useless to the practitioner”?) Now it matters not to the argument, whether Drs. Heyne, Hoffbaner, &c., were homœopaths or allo-

paths (if the latter, it is only another example of the credulity of the homœopathic school, in adopting pretended results, without inquiring whether they came from friend or foe, and without once putting them to the test of experiment); but in either case, it is acknowledged that the symptoms enumerated under these articles were *forged*. But if any one will examine homœopathic journals, he will find an abundance of *cases of pretended cures by these very articles*; indeed, *the evidence in favor of their efficacy is quite as great as that in favor of any other articles of the homœopathic materia medica*; and as they were prescribed on the *similia* principle (said *similia* at the same time being only imaginary) and cures followed, why it is very evident that the same might have happened in the other cases, and accordingly nature alone must have accomplished the cure.—Q.E.D. We remarked that there was no evidence in favor of the homœopathic statements as to the powerful remedial efficacy of *sponge, sulphur, charcoal, silex, &c.*, and quoted the “*forgery*” in favor of the supposition that the symptoms under these articles had also been “*forged*.” This awakens the keenest ire of the Reverend compiler (“*tantene iræ cœlestibus animis*”), and he comes down upon you after the following manner. “I deny that sulphur, charcoal and silex are inert substances. Inert! why, sir, without these same despised articles, the American rifle would never have been heard on this Continent, nor Bunker’s Hill known, except as the spacious sepulchre in which Warren and American freedom lay entombed”!! (*Query*, if gunpowder had been unknown, would Warren have been buried on Bunker Hill, and would not the *tories* have stood as likely a chance to have been buried on that hill, as “American freedom”?) After reading this sublime burst of pathos, indignation and patriotism (very fair for a foreigner not yet naturalized!) you will doubtless feel pretty fairly used up, and perhaps somewhat disposed to blame us for getting you into such a scrape. However, let us take courage, and look a little further. The doctor argues, that as gunpowder is produced by careful trituration and preparation, so charcoal, &c., acquires most astounding properties by similar processes. This would be a very good illustration, if the cases bore the least analogy. By carefully preparing sulphur, nitre and charcoal, and bringing them together in certain proportions, a very combustible compound is formed, which upon the application of fire, explodes, giving rise to a vast amount of gases, occupying more than 1000 times its volume, and on which its great power depends. Now there is nothing very strange or mysterious in this—nothing which goes counter to the usual laws and operations of nature, and we are surprised that a man who writes himself down an M.D. should pretend to derive an argument from this, in favor of the efficacy of homœopathic triturations—where single substances only are used, and where chemical changes and combinations are out of the question. But hear him—“I have hundreds of times made these triturations and dilutions with my own hands; far oftener have I applied them in the treatment of disease, and I know it is no imposture, but the greatest scientific discovery with which any age has been blessed. Did you ever make a homœopathic trituration? Did you

ever take a grain of charcoal, work on it for three hours to get a millionth of it, and apply that millionth to a carefully discriminated case of disease; to which Hahnemann says it is applicable? Never. Then what do you know about it? The plain truth is, you know just as much as Dr. Holmes on this point—not an atom more,” &c. Well, Mr. Editor, if you do know as much as Dr. H. on this subject, you ought to be satisfied, and in fact you know more than the author of this catch-penny “Epitome;” for you will perceive, that as it is only about a year, as we are informed, since the author was licensed to practise (and it is hardly supposable that a clergyman would violate the laws of the land by practising without a license), and as he has made hundreds of triturations, each trituration requiring, at least, “three hours,” there would remain but a very little time for study. The ignorance of the writer, therefore, if not excusable, is easily accounted for.

The next point in Dr. Lillie’s diatribe is Dr. Joerg’s experiments, to which we alluded, and the doctor maintains that he finds all the symptoms enumerated by Joerg, also recorded by Hahnemann! Is there anything wonderful in this? Did we not say, that according to Joerg and Hahnemann, yea, Curtis & Lillie themselves, “every organ and every part of the system is said to be affected in every possible manner, and that language is actually tortured to express the varieties of pain and suffering to which they are said to be subjected from the operation of homœopathic remedies”? In our remarks on *sepiâ*, we observed that “we should like to know of a pain or an ache, which this article is not said to produce, whether moral or physical”—and so of most of the other substances whose pretended effects are recorded. Now, because Dr. L. finds some, or, perhaps, all of the effects noticed by Joerg, he immediately cries out “*Eureka*”—see how Hahnemann has anticipated Joerg—for he has recorded the very same effects! Speaking of *arnica*, Dr. L. remarks, “it is plain that Hahnemann anticipated him on every one point years before. True, indeed, the founder of homœopathy tells us infinitely more about *arnica* than the Leipzig professor. But so far as the latter says anything, he merely repeats his peerless predecessor!! I might go through all the other remedies, and show the results to be substantially the same.” If there are but one hundred varieties of pain and suffering, including all possible and imaginable complications, in all known diseases, why then if you describe them all, you, of course, will include all the symptoms found in any one disease. Or, to take the case in hand, if all the symptoms produced by the most active medicinal agents known, amount to five hundred, then of course these will include *all those* caused by substances which produce a lesser number; and this is the explanation of this matter. Nor is this remark incompatible with our statement, that the results of Joerg’s experiments bear no resemblance to those laid down by Hahnemann—just as a fiction may be founded on fact, and yet be scarcely anything more or less than fiction. Because one of Cooper’s novels contains a correct description of General Washington’s personal appearance, and of one or two of his battles, it does not therefore follow that everything in his book is true history. The vast

majority of symptoms recorded by Hahnemann never had any existence except in his own imagination ; and the same of Jahr and Lillie. It were indeed strange, that among ten or twelve closely-printed pages of symptoms (belladonna numbering fourteen hundred !) some *few* should not be found which actually do occur from the administration of the articles which were observed by Joerg.

And here I would wish to call Dr. L.'s attention to a point in relation to which he seems entirely ignorant, and it is one which has a most important bearing on this whole subject. *Experiments made on persons in health are by no means accurate tests of the powers or the virtues of medicinal substances in disease.* And this simple fact, which is capable of demonstration, upsets the whole homœopathic system. To illustrate, we will take the *tonic* class of medicines, as examples. In a state of health, when the animal fibre possesses its normal cohesiveness, density and health ; when the elements of the blood are in due proportion, and the nerves neither too susceptible, nor otherwise, the influence of tonics, in ordinary doses, is not perceptible—the condition of the body is not altered by them, and there is no variation in the activity and force of movement, nor in the various functions of circulation, respiration, secretion, and nutrition. They are absolutely inert. But let the same medicines, in the same doses, be given in a state of disease, and their appropriate effects are at once manifested. On this subject it is evident that Jahr, as well as the whole homœopathic school, have been laboring under an error. From the result of his experiments with *assafœtida*, for example, Joerg came to the conclusion that it was an improper article to use in hysteria and hypochondriasis ; in which diseases we know that it is highly useful. So, also, of *musk*, Joerg thinks it not so well adapted, as is generally supposed, to cases of extreme nervous debility, on account of its stimulant properties. And so of other articles.

Most of the articles experimented with by Joerg, proved irritating to the brain and mucous membrane of the stomach and bowels, when given in large doses ; and hence he thinks them inadmissible in many forms of disease, in which we know they are useful. Dr. L. remarks that "Joerg's remedies seem all as alike each other as *kidney beans*, and I [he] should like to hear any one explain why one should be preferred to another in any given disease." The explanation is this :—We cannot reason from the effects of remedial agents in health to those in disease—they may not only differ, but be distinctly opposite. No one, for instance, could suspect, from the effects of *valerian* in health, that it was a powerful antispasmodic in certain states of the system ; and so of others. The virtues of nearly all the articles of our *materia medica*, have been ascertained from their effects in disease ; and our systems of pharmacology are but the record of facts, observed by different individuals, from Hippocrates down to the present day. *No really valuable information can be expected, therefore, from experiments upon the healthy.* For this reason alone, if there were no others, we should cast aside the whole homœopathic *materia medica* as entirely useless. Dr. L.'s glorying, therefore, turns out to be short-lived ; and in claiming for Hahnemann almost divine honors,

he forgets that he has admitted that Joerg has been only treading in his footsteps.

We did not intend to say, nor did we say, that the results of Joerg's experiments were of any great value; much less, that they were a safe or useful guide in the treatment of disease. We know they are not. But this is their value, they *negative completely the pretended experiments of Hahnemann and others*. On closely observing their effects, they were found to produce but *very few* of the symptoms laid down by Hahnemann; showing conclusively that the latter drew largely upon his imagination for his facts—and the same results were, in general, obtained by each member of the twenty-seven composing the Society of Experimenters. What further proof do we want of the fact which we stated, that Jahr's "New Manual," which is a bare transcript of Hahnemann's observations, "is a work of fiction."

But we wish still further to dwell upon the principle which we have laid down, and which strikes at the very root of homœopathy, viz., *that medicines are but relative agents, producing their effects in reference only to the state of the living frame*. It was remarked many years ago by that distinguished medical philosopher, Sir Gilbert Blane—"that the virtues of medicines cannot be fairly essayed, nor beneficially ascertained, by trying their effects on sound subjects, because that particular morbid condition does not exist, which they may be exclusively calculated to remove." To illustrate still further—no one, from experimenting with *iron*, or indeed with any of the metallic tonics, in a state of health, could discover their immense value in certain forms of disease, for the very good reason that their effects would be imperceptible. If given in larger doses, so as to cause disturbance of the stomach and bowels, as happened in many of Joerg's experiments, they then become merely *local irritants*, and but slight differences will be observed in the effects of different medicinal agents. To use Dr. L.'s classical language, they become as much alike "as *kidney beans*." What will a few grains of *soda* or *magnesia* do in a healthy state of the stomach? but let that organ be disturbed by the presence of a morbid acid, the administration of the one will now cause immediate relief, while catharsis will follow that of the other. Again, the *oxide of bismuth* is known to be perfectly inert in a state of health, but every practitioner is acquainted with its uncommon power in controlling certain morbid states of the stomach. Who could have suspected the *antispasmodic* properties of *quinine*, *arsenic*, *spider's web*, *piperine*, *salicine*, &c., from experimenting with them in health? and who does not know their immense value in overcoming disease? The homœopath doubtless will say, it was Hahnemann that discovered the peculiar *modus operandi* of quinine, and the principle on which its virtue as an antispasmodic depends. Not so fast, if you please. Hahnemann has done no such thing. His pretended discovery, and one which, he says, furnished the foundation of his whole system, viz., that quinine will cause chills and fever, or symptoms analogous to an intermittent, turns out to be no discovery at all, for the statement is false. Quinine has been administered to persons in health by Andral, Pereira, and numerous others,

including ourselves, and no such results have followed—no chills, no fever are observed, unless the quantity is sufficiently large to excite irritation in the stomach, and then reaction, with increased fulness and force of pulse, follows; as it does after the administration of every agent which is given in inordinate doses. But even in this case there are *no chills*, and no phenomena analogous to those of an intermittent. If Dr. L. or any other homœopath doubts our statement, it is a very easy matter to try the experiment on themselves; and we trust if they do so, they will give the results to the world. We shall not pursue the subject further in this place. We have only alluded to the important principle, which we hope at some future day to set forth, viz., that medicines are but *relative agents*, and owe their peculiar powers to the different morbid modifications of the vital properties—in other words, to disease. We hope to show, even to the satisfaction of Dr. Lillie, that it is *disease* which calls forth the powers and modifies the influence of medicines—that what agitates the calm of health, may soothe the irritation of illness—that agents, which in the absence of opposition, are inert, may act powerfully where they meet an opponent. How, we ask, again, is it possible to tell how diseased tissues, whose susceptibilities are changed from what they were in health, will be affected by remedial agents—but by giving these agents? In other words, how do we know how the sick will be affected but by experiments on the sick. With what reason can we pronounce any article feeble, *when it does nothing where nothing is to be done?*

It is proper, however, to observe, that there are some exceptions to the rule we have laid down. For example, there are some agents which may be called *absolute*, as they produce similar effects both in health and disease. To this class belong *purgative medicines*, which will occasion intestinal excretion in every state of the body—but *tonics*, *alteratives*, *diuretics*, *emmenagogues*, *antilithics*, *absorbents*, &c. &c., are merely *relative agents*, requiring a certain state of the living system in order to produce their peculiar effects.

But to return to Dr. Lillie. We wish to treat this gentleman with all due respect. Regard for the sacred office of the ministry, which we are told he yet fills, prevents us from offering such comments on his communication in the "New York Evening Post," as it justly merits. We will, however, say, that if a patient, no matter who he may have been, "bore the marks of wolves," when he came into his hands, it was only carrying out the homœopathic principle still further; for who could better control the ravages or sooner recognize the "marks of wolves," than one of the gang, albeit "in sheep's clothing;" and what more likely remedy for such an one to prescribe, than the same habiliments which he had found so advantageous to himself?

Dr. Lillie is forced to acknowledge, that there are "*curative symptoms which are not pathogenetic*;" that is to say, remedies may cure diseases which they do not cause—which is yielding the very point in dispute. If this be the fact, then where is the consistency or the philosophy in maintaining that they operate upon the *similia similibus*" principle; when you admit that they produce in health no symptoms,

analogous to those of the disease which they cure? This is *allopathy*, not *homœopathy*; which may well exclaim, "save me from my friends." Why not take the bold stand maintained by Hahnemann, that no cures ever have been effected, except on the homœopathic principle? Here is Master Lillie *versus* "King" Hahnemann. Which of the two shall we believe? Well may the Domine exclaim, "there is great difficulty—I may say impossibility—of always attaining absolute certainty in our treatment of the sick"!!—and this, too, just after having remarked, that "Hahnemann's works demonstrate, that every drug cures that disease which most resembles the one which it creates;" and again, "if we meet with a disease, a case of cholera, for example, which strongly resembles the effects of arsenic on the human system, then just as surely as one grain of arsenic would kill the patient, so surely will the homœopathic fraction of a grain, commence, and *probably* [?] complete the cure." (*That probably* seems peculiarly apropos just in that place, i. e. "what'll you lay it's a lie"—there is no "absolute certainty"—"great difficulty," &c. &c.!)

We pointed out, in our former article, some of the excellencies of Messrs. Curtis & Lillie's "Epitome." But we by no means exhausted the subject. We think of giving hereafter a copious selection of extracts from the work, under the title of "*BEAUTIES OF THE EPITOME.*" As a sample of what the book will contain, we merely offer at present the following—"Pains of the rump"—"*A yellow trace in the nose and cheek in the form of faces.*" Aconite cures as well as causes "an inclination to escape from bed"! Agaricus will cure and cause "*pulling in legs.*" Alumen will cause "*chagrin, misgivings, and inability to think,* and will cure "*bed-wetting*"!! *Ambra* causes *whooping cough, leucorrhœa, blind piles, cutting pains, &c. &c.*, and it cures "*catarrh of the bladder.*" The effects of ammonia are indeed peculiar, and we suspect the author was laboring under the effects of it, when he wrote his article for the "Post." It produces "*unmanageable temper and weakened intellect,*" while it cures "*freckles, cataract, boring in the liver, and shootings in the sacrum.*" Angustura cures *tetanus* and *caries*, but the only effects it has ever been known to produce in health, are "*palpitation of heart with anguish.*" *Baryta* causes "*anxiety about one's family,*" but then it cures "*baldness*" and "*fatty tumor on nape.*" *Belladonna* produces all manner of symptoms in all the organs, and cures every disease under heaven, in every part of the system—among the rest, "*ill-nature in children.*" It may therefore become a valuable article for the nursery. (By the way, what does the writer mean by "digging in the head," "digging in the liver," "digging in the stomach," and "digging" all over? Those surely must be strange "diggings" where this author learned English.) If *carbo-vegetabilis* produces the symptoms laid down in this book, then we accuse the doctor of "*malice prepense,*" in proposing to Dr. Lee, of New York, to take "a grain" of it. If one fiftieth part of the symptoms, here recorded, follow its ingestion, then we should prefer the chance of Sam Patch's leap down the Falls of Niagara, or the Genesee, to swallowing any "appreciable quantity;"

and yet we take, we cannot say how many grains or drachms, every morning with our toast ! We shall not repeat all the symptoms, out of sympathy for your readers ; but if you wish to see every organ and function tortured in every possible way, expressed by "*tearing*," "*rending*," "*burning*," "*shooting*," "*drawing*," &c. (there being 26 different simple expressions for pain in the Organon, and 2956 combinations), consult pp. 32, 33, 34, 35. "*Colic*," "*putrid stools*," "*piles*," "*aneurism*," "*bleeding of the eyes*," "*coma*," "*absence of pulse*," "*cold sweat*," "*paralysis*" and "*emaciation*," are mere trifles in the long catalogue, and he must suppose Dr. Lee to have more lives than a cat, if he has the least expectation of his surviving the experiment. And then Dr. Lillie has the cold bloodedness, the savage ferocity, of proposing that yourself, Mr. Editor, should "*SUFFER*" in Boston, what he hopes Dr. Lee will have to in New York ! We have not heard whether the doctor has consented to the proposal—we hope, for humanity's sake, that he may decline (provided this book be true !) ; but if he does consent, the readers of the Boston Journal must be made acquainted with the result.

Dr. Lillie states that the best description of his work is to be found in Hippocrates, where he says, "let all drugs, and simples, and recorded powers, be well remembered by you, *provided they are known*." Ah ! that is an important proviso—Dr. L. will do well to bear it in mind, for it most unfortunately happens that the homœopathic school are in blissful ignorance of the "*powers of drugs and simples*," although they are not wanting in a knowledge of "*recorded powers*"—but it unfortunately turns out that these *records* have been *forged*.

We shall not enter at large upon the discussion of the question, whether the application of the "*vital heat*" of the skin of a dead sheep, be, or be not, homœopathic practice ; we should suppose, however, that to relieve a deficiency of animal heat, on the *similia* principle, a little ice, or snow-water, or an artificial frigorific mixture, would be more suitable—but there is no accounting for a *penchant* for such a remedy, by a professed homœopath, except on the principle of sympathy, or "*fellow feeling*." The *similia similibus* will show itself somehow. Dr. L., novice as he is in the profession, shows his zeal for science, by canonizing Hahnemann. After calling him "*immortal*," "*what*," he adds, "*can the man do that cometh after the king ?*" This deference to authority, we may suggest, has been the bane of medical science in every age. It embalmed the absurd doctrines of Galen for centuries, and it is likely to embalm the more absurd dogmas of Hahnemann, for half a dozen years more at least ; unless, indeed, his followers, which is not to be expected, become honest and will choose to think and investigate for themselves. Call such a monomaniac immortal ! it is a desecration of the epithet. If, to form a system of *materia medica*, by intermixing symptoms observed in different persons, without distinguishing what dose has been administered ; what symptoms have manifested themselves first ; how these are grouped ; in what order they succeed each other ; without distinguishing the objective symptoms, and attributing every symptom to the remedy administered ; if, to make no allowance for accidental causes ; for diseases

resulting in other ways ; for idiosyncrasy, age, sex, and the force of imagination ; in short, if, to draw up a system, which furnishes no clue to a knowledge of the organ first affected, the genetic relations of the symptoms, or the character and entire effect of the remedy ; if all this be sufficient to render a man immortal, then there can be no doubt that such a destiny awaits the name of Hahnemann. Or if, being compelled by his quackery to flee from place to place in his own country, and at last, after an unblushing course of thirty years' empiricism, to be driven from it altogether in disgrace—if, to advertise and sell as an invaluable remedy, *common borax* at four dollars an ounce, under the name of "*ALKALI PNEUM*"—if, to vend a secret medicine as an "*infallible preventive of scarlet fever*" at a *louis d'or* an ounce—if, to be so ignorant of the common principles of chemistry, as to regard *silex* and *sulphur* as soluble in alcohol—if, to forbid all reasoning on the subject of homœopathy, and demand of his disciples implicit faith, "without doubting, reasoning, interpreting, or philosophizing upon them" (*Archiv. fur Homœopathische Heilkunde, Vol. IX., No. 3*)—if, to assert "it must be admitted that the true art of healing begins with me"—if, to invent a treatment of disease, totally at variance with common sense, with all rational principles and the experience of all ages—if, to deny the existence of idiosyncrasy, and maintain that every medicine acts precisely in the same manner, at all times, under all circumstances, upon all individuals, sexes and ages ; and that all medicines are of equal potency in the same doses—if, to maintain that the *itch* is the only cause of all human misery, physical, mental and moral—if, to assert that mere *mechanical* division can develop from all natural substances, a power bordering on miracles—if, to maintain that some diseases may be cured by the patient *smelling only* of a sugar pellet, of the size of a hemp or poppy seed, moistened with the decillionth solution of briony juice—if, to describe 565 different symptoms as being caused by *silex* ; 890 by lycopodium ; 931 by charcoal ; 895 by table salt ; 1240 by sepia, and 1440 by belladonna !—lastly, if *not* to believe, and *yet* to boast all this, knowing it to be false, and thus to make merchandize of the lives and health and souls of his fellow men, and all for filthy lucre's sake—and at last to die, as we fear, with a lie in his mouth—if this, IF THIS BE IMMORTALITY, THEN, AND THEN ONLY, IS HAHNEMANN IMMORTAL ! As to his followers, all we can say is, if they are honest, "*Helleborum hisce hominibus opus est.*"

P. S.—In what school did Messrs. C. & L. study chemistry ? A few examples will show the accuracy of their knowledge. For "*ammonia carbonas*," they have "*ammonium carbonicum*;" for "*ammonia murias*," they have "*ammonium muriaticum*;" carbonate of lime is written "*calcarea carbonica*;" "*Potassa*" is written "*causticum*;" "*Cinchona*" becomes "*china*;" "*carburetum ferri*" becomes "*graphites*;" "*carbonas potassæ*" becomes "*kali carbonicum*;" and so throughout.

THE EXTRACTS OF THOROUGHWORT AND LOBELIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—One day during the winter before last, having nothing better to do, I set myself to making the extracts of thoroughwort and lobelia. I am not aware that the inspissated juices of these substances have ever been obtained ; if they have been, they are not enumerated in any of the Dispensatories and Pharmacopœias with which I am acquainted. My object in obtaining these extracts was merely to ascertain their external sensible qualities, and to produce the virtues of the thoroughwort and lobelia in a more concentrated form. I followed the common method of making other extracts, by first making a decoction in water, of the plants as they are prepared by the Shakers, boiling away the decoction to one half its quantity, straining the liquor, and then evaporating it to the consistence of honey. An earthen gallipot placed upon a common cooking stove heated with hard coal, I found very convenient for evaporating the strained liquor. A nicer method of evaporating the decoction, is to place an evaporating dish in a water bath impregnated with muriate of soda, and kept boiling.

Six ounces of the pressed leaves and tops of the thoroughwort yielded one ounce of extract, a very abundant quantity. The external qualities of this extract are quite remarkable, and I should say, promised fair for its becoming an article of commerce. It has the hardness and resinous appearance of the aloes. It is brittle, semi-pellucid, and of a reddish-brown color ; it pulverizes and melts like the aloes. From its resinous nature, I should infer that its properties must necessarily be very permanent. The medicinal properties of the extract of thoroughwort, like those of the aloes, probably reside in a gum, from which the resin can be separated. I used the extract of thoroughwort in two cases of external hæmorrhoids with complete success. Each of the patients took four pills of the common size, daily, for about a week, when all symptoms of the complaint disappeared. This dose kept the bowels loose, without pain or griping or occasioning sickness at the stomach. Its tonic power, for which the eupatorium has great repute, makes it a very suitable cathartic or laxative in cases where we suspect a weak state of the bowels. In a third case, of common costiveness, only one pill answered all the purpose of a laxative. In the form of an extract I think the eupatorium would very rarely prove an emetic. Its properties appear to me to be those of a warming, strengthening cathartic, combining the cathartic qualities of the aloes with the tonic power of myrrh. The extract is not only a more portable and convenient form than a tincture, decoction or powder, but admits of its being administered with or without the knowledge of the patient.

Six ounces of the pressed leaves and tops of the lobelia yielded half an ounce of extract, or one twelfth of its weight. The extract of lobelia, in its external appearance, resembles the refined extract of liquorice. It possesses great cohesiveness, its color is very black and its surface shining. I should not think it strange if the extract of lobelia should also become an article of commerce. Either as an emetic, diuretic, pectoral

or sudorific, the extract is a far more convenient and desirable form than any other, of the preparations of lobelia. The dose of the extract, for an adult, is a grain and a half for an emetic. The dose as a diuretic, pectoral and sudorific, must be determined by experiment. I have never administered the lobelia in the form of extract. Some years ago, however, I gave the tincture of lobelia as an emetic to a patient laboring under phthisis pulmonalis, which I thought at the time operated very much like a dose of sulphate of zinc. I also gave the tincture as an emetic to a patient in the fit or paroxysm of an asthma, which afforded essential relief. In the case of a child with lung fever, I once saw a decoction of the lobelia administered by an *officious* nurse with the happiest result. I think I never saw a single dose of medicine attended with such decided success in subduing and terminating a fever of several days' standing. From what I have witnessed of the effects of the lobelia, I think it must resemble the foxglove, and possess sedative properties in as great a degree as it possesses emetic and sudorific powers. Were its medicinal properties well defined by observation and experiment, I think it would prove an auxiliary to our present means of cure.

D. B. SLACK.

Providence, Oct. 28th, 1843.

ALBANY MEDICAL COLLEGE.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. March's Surgical Clinique, Saturday, October 21, 1843.

CASE 1.—C. M., æt. 6 years. Fracture of fore-arm about middle of the shafts of radius and ulna. Dr. March said that the arm in this case presented the appearances and signs of flexure rather than fracture, since there was much distortion but no perceptible crepitus or dislocation of fractured ends. After referring to the frequency of such accidents in young subjects, he proceeded to re-dress it in the presence of the class.

2.—H. G. Case of necrosis of tibia, presented last Saturday. Doing well.

3.—I. R. P. Lacerated wounds of fore-arm and hand, presented on former occasions. Under the exhibition of Skey's alterative, opium, the nervous irritable state of the patient's general system has been much improved, and consequently the ulcers are much improved in appearance. The larger were dressed to-day with adhesive straps, and to the smaller the usual application patches of cerate were applied.

4.—P. D., æt. 6 years. Seven weeks since this patient fractured the right femur about its middle; to-day came forward walking firmly and with ease. There is no shortening or distortion; indeed, the whole progress of the case has shown how rapidly fractures will unite in the young subject.

5.—I. W. The patient with synovial effusion or hyarthrosis of right knee, upon whom the operation of puncturing the joint to evacuate its contents, while their place was supplied by an injection of a weak preparation of iodine, was performed two weeks since before the class,

to-day came forward to show the perfection of the cure. This case had resisted the ordinary routine of practice by cupping, blistering, &c., but yielded immediately, and without a single bad symptom, to this new operation of the French surgeons.

6.—W. H., æt. 21 years, from Syracuse. Inflammation of synovial membrane of right knee-joint, involving the cartilages. Dr. March proposes to establish caustic issues on some future occasion.

7.—M. K., æt. 5 years. Presented on former cliniques, with conjunctival inflammation and slight nebula upon the cornea. The inflammation has completely subsided and the opacity is diminishing.

8.—G. D., æt. 18 years. Contusion of eye from the blow of an arrow. Within an hour the whole anterior chamber was filled with effused blood. To-day the effusion was entirely absorbed, vision also being quite perfect. Belladonna was applied to keep the iris dilated.

9.—J. M., upon whom the operation for everted lower lid of right eye was performed last Saturday, came forward; the cure is complete—the lid being much improved. The pterygium, which, relieved from the irritation of the everted lid, already was diminished, was to-day attacked by the application of the nit. argenti in substance.

10.—T. F., æt. 25. Horrible distortion of face from contracted cicatrices of burns. The mouth, which was contracted, in fact almost entirely closed up, has been much improved by Dr. March, who some two months since performed Dieffenbach's operation upon it. The eyelids now are all more or less everted, and upon them Dr. March contemplates two or three operations during the term.

11.—A. R. A patient with necrosed tibia—before presented. Doing well.

12.—The contracted finger for the relief of which the flexor tendon was last week divided, to-day appeared perfectly straight.

13.—J. G.'s little daughter, æt. 5 years. Tonsils enlarged, though not enough to warrant excision. Nitrate of silver was applied by means of a *porte-caustique*, with a view of promoting their absorption.

14.—Child of J. L., presented last week with ophthalmia tarsi; cure nearly complete. Dressed with nit. argent.

15.—Mrs. M. L. Conjunctivitis with granulated eyelids. Dressed with nit. argent.

16.—J. B., æt. 46, from the country. Encysted tumor of seven year's growth upon the right cheek just in front of the ear. The pes anserinus of the facial nerve, the transverse facial artery and Steno's duct were in immediate contact with the sac behind. The tumor was rapidly dissected from its bed, the sac being removed entire. No artery required ligature. It was dressed by one point of suture, straps, compress and roller.

17.—Mrs. A., from the country also. Encysted tumor of cheek, smaller, and more superficially situated than the last, and consequently more easily removed, though, from the thinness of the sac, the time occupied was longer.

18.—C. C., æt. 40. Vascular tumor of leg, involving the integu

ment only. It was excised, with half an inch of healthy integument upon each side of it. The gap, which was quite large, was brought together by three points of suture and straps; the whole limb was bandaged. A smaller spot upon one of the toes was also removed, having the same character with the larger one upon the leg.

19.—A. B. Injury of ankle, caused by leaping from a waggon.

October 28th, 1843.—1.—Child of C. M., æt. 6 years, presented on Saturday last with fracture of radius and ulna. The external splint was to-day dispensed with, as the arm was quite firmly united.

2.—W. R. C.'s child, æt. 5 years, presented last Saturday with chronic ophthalmia. Nit. argent. was to-day applied.

3.—I. R. P. This is the case, presented on former occasions, of lacerated wound of fore-arm and hand. The ulcers presented a healthy appearance, and are rapidly cicatrizing. It was dressed as usual with adhesive straps and roller, the granulations having been previously sprinkled over with a powder of calomel and pulverized opium.

4.—H. G. Presented on several clinics with ulcer from necrosed tibia. The ulcer has nearly healed, and was dressed for the last time.

5.—Miss M. K. Opacity of the cornea with chronic inflammation of left eye. Nit. argenti applied.

6.—Miss C. W., of Auburn, having a small atheroma on the scalp. A simple incision was sufficient to allow the entire sac to be rolled out by the handle of the instrument. The wound was dressed by compress and roller.

7.—I. M. was again presented. The pterygium was cauterized with nit. argenti, and is fast disappearing.

8.—Miss I. A. B., of West Troy. Carpal and palmar tumor freely communicating beneath the annular ligament. Before proceeding to an operation, Dr. March related the history of a case resembling in every external view the present, the contents of which, upon making an incision, were found to be small, polished, cartilaginous bodies, very closely resembling water-melon seeds, more than 500 of which poured out from the sac. From the great similarity of situation, appearance and feel, Dr. M. predicted a similar result would follow an incision in the present case. His diagnosis was soon verified, for upon making a cut into the sac, more than half a pint of exactly similar little melon seeds were discharged. A dressing was applied, consisting of compresses piled over the whole extent of the sac, over which a roller was firmly applied.

9.—S. W., æt. 23, from West Troy. Strabismus convergens of both eyes. An operation was performed upon the left, with instantaneous success.

10.—Mrs. G. I. C., of Niskayuna. Small atheroma of cheek. Extirpated and the wound dressed by adhesive straps.

11.—Infant of I. V. A., of Hudson, æt. 2 years. Hare lip complicated with cleft jaw and palate; the jaw upon one side projecting quite between the margins of the fissure in the lip. The operation consisted in cutting off this interfering snout, and then paring off the edges of the

gap as usual. The raw surfaces were neatly approximated by two sutures.

12.—Miss I. N., of Saratoga Co. Internal strabismus of both eyes. The left was chosen for the operation, which was done with complete success.

J. B. B.

CASE OF VASCULAR TUMOR ON THE CHEEK—ERROR IN DIAGNOSIS—REMOVAL.

By Mr. Fergusson, Surg. to King's College Hospital.

DONALD KELLEARD, ætat. 19, admitted 29th July, 1843, laborer, a native of London, where he has chiefly resided. Born of healthy parents. When about six months old a small, white-colored tumor was observed immediately below the left orbit, to which poultices were applied, when it diminished in size. Some time after it enlarged again, and again seemed to decrease under the use of poultices. Subsequently it gradually enlarged, and about eight years ago the skin over it assumed a dark-brown color. At this time his mother, supposing that it contained matter, punctured it with a needle, when a small quantity of dark blood only escaped. The swelling did not alter much until about six months ago, when it suddenly began to enlarge, and has continued to increase up to the present date. There is now a prominent tumor over the left superior maxilla, just below the orbit, about the size of a duck's egg, which keeps the eye-lid against the eyeball, and begins to force the nose to the opposite side. The skin is of a dark-brown color, and the touch does not clearly indicate whether the swelling consists of fluid or solid substances. Has occasional pain in the part, of a pricking character. Since he was two years old has always enjoyed good health, and now applies to have the growth removed in consequence of the increasing disfigurement.

August 1.—To-day he was brought into the operating theatre, and Mr. Fergusson proceeded to operate with the intention of dissecting out the mass entire. Three incisions through the skin, each about an inch and a quarter in length, were drawn from the circumference of the swelling, and made to meet at a point on the centre, where the three flaps, of nearly equal size, were dissected from the mass. As soon as the knife passed deeper than the skin, which was of its usual thickness, and considerably more dense, the tissues appeared remarkably vascular; at each stroke of the knife a jet or gush of blood indicated the division of an artery or vein of larger size than is natural to this part, and before the flaps were sufficiently dissected off, several fingers were required to stem the flow of blood. Instead of attempting to remove the disease with the continued use of the knife, the plan of the operation was altered, and the tumor was twice transfixed with large curved needles, set in handles, each carrying a double ligature, which were fastened to each other, and drawn tight round the base of the swelling. The bleeding was thus completely restrained, and the patient was sent to bed, with directions to keep cold cloths applied to the wound.

4.—There has been no further bleeding, and warm water dressings have been substituted for the cold ; has had considerable pain in the cheek, which has become greatly swollen, whereby the eye is completely closed up ; the parts surrounded by the ligatures seem to be completely strangulated, and are in a sloughing condition ; wound beginning to discharge matter.

12.—Has had a good deal of fever and taken little food ; has had five ounces of wine daily for some days, and been allowed beef-tea, or any other nourishment he might choose. A large portion of the tumor about to drop away as a slough, but underneath there still appears a vascular eminence.

16.—The old ligatures were withdrawn and others substituted, so as to include the remainder of the vascular part.

17.—Indications of two small abscesses, one in the eyelid, the other in the cheek, below the wound, were discovered, and on the 21st these were opened. On the same day the part inclosed within the thread sloughed away, and a healthy granulating sore was left.

Sept. 6.—Since last report his health has rapidly improved, and his appetite is completely restored ; the wound has gradually cicatrized, and he is now discharged cured.

16.—Has appeared at the Hospital to-day in the best of health. The morbid growth seems completely eradicated, and the slight swelling which still remains is apparently the result of the severe inflammation on the cheek subsequently to the operation. It is less than when he last showed himself, and, from his own account, is rapidly diminishing. Has no pain or uneasiness in the part, and the cicatrix is scarcely observable at a little distance.

After the operation Mr. Fergusson stated that he had been completely deceived in his diagnosis of this case, for he had supposed the tumor to be one of an atheromatous character. Nothing in its history had led him to suspect that it was vascular, and certainly there was little in its appearance or character to induce him to think so. The skin was commonly thinner in such cases, and had all the indications of vascularity ; moreover, the presence of pulsation and the compressible nature of the swelling, as well as other strongly-marked symptoms, usually led at once to the detection of such a form of disease. He had not come to a hasty conclusion in this case either, for he had repeatedly examined the mass, and had asked others to do so. He had thought that it resembled an atheromatous growth, but as it was not usual to see tumors of this description on the cheek, and as, moreover, its characters were such as to cause him not to be very clear on this point, he had fingered the part again and again. As soon, however, as he had begun his incisions he discovered his error, and he immediately resolved to treat the case with ligatures, according to the method recommended, and so advantageously put into practice, by Mr. Liston. He had separated the skin from the vascular mass as extensively as he could do with propriety, so that he might include the largest possible extent in the nooses of the ligatures without interfering with that texture. On such an occasion the surgeon might feel himself in an awkward di-

lemma, and in the midst of such profuse hæmorrhage some coolness was required to determine on the proper course for further proceedings. Possibly, had he been aware of the real nature of the case when the patient came under his charge, he might have selected some other mode of treatment, although, in all probability, he would have chosen that which he had just followed, as being the best, under the circumstances, to effect the separation and obliteration of the vascular mass.—*London Lancet.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 8, 1843.

Ipecac. in Asthma.—A correspondent who dates his note at Hallowell, Me., very unfortunately omitted to sign his name to some very judicious practical observations on the use of ipecac. in asthma. An article on the practice of medicine is no authority if it has not a responsible author, and this one circumstance, alone, forbids the insertion of a paper which is apparently from an elevated source. In the course of the communication it is said that in asthma, ipecac. "universally calms the paroxysms and produces refreshing sleep. It gives a comfort when no other medicine seems to avail. Physicians cannot too often or too liberally prescribe it for patients having the least tendency to asthma, as it removes all distressing symptoms, and no fatal effects ever follow its administration." The writer appears to have been a careful and experienced observer of the effects of special remedies, and he surely ought not to be unwilling to give his name to advice that is worth so much less without it.

Anatomical Enterprise.—Some months ago, mention was made in this Journal of the erection of a building on Tremont street, in Boston, expressly for a practical school of anatomy. Dr. Winslow Lewis, whose name is identified with the progress of anatomical science in New England, who has been at the cost of erecting the edifice, has finally completed it throughout, at a very considerable expense. No arrangement of apartments or fixtures, in the interior, could be more convenient. There is not another structure, to our knowledge, in this country, so complete in its details for conducting anatomical pursuits to the best advantage, as this. Adjacent to the dissecting room, is a charming study, in the cases of which are that variety of charts, text books, and other aids to knowledge, which must necessarily be frequently consulted. Instruments of all forms, sufficient to accommodate a large number of persons, are in the place where they should be—so methodically arranged that the appearance of order gives special character to the establishment. The injecting apparatus, alone, would be one of the highest recommendations to any one capable of appreciating the intrinsic value of anatomical researches. Another essential requisite for conducting anatomical pursuits is a good light—and enough of it; and this has not been overlooked either in the size, location of the skylights, or the chandelier and side lamps, in the dissecting theatre.

Dr. Lewis could very well accommodate a large number of students, in the most ample manner, and yet on reasonable terms. He is devotedly attached to the study of anatomy, and his library, therefore, is rich in all the old and modern works upon that subject, embracing some of great cost and rarity. Owing to the enlightened policy of Massachusetts, anatomy may be studied in Boston without stealth or police interruptions. It is no crime to dissect a human body here.

Dr. Lewis has no superior as an instructor, and we therefore hope that he may be sustained and encouraged in the effort he is making to raise up skilful surgeons and good physicians. Medical strangers, temporarily in the city, and medical students, especially, should visit this anatomical hall. The new things to be seen there, would be an ample compensation for the time it would require.

*Diseases of the Testis.**—An admirable work is now presented to the profession of this country, embracing every phase of an unhealthy condition of this organ or scrotum, known to the most observing of modern practitioners. The volume comprises 568 pages, and interspersed through the whole, are some of Mr. Gilbert's beautifully executed xylographic illustrations, almost equal to copper.

The whole work is divided into three parts, and in each there follows a natural arrangement of topics. In Part I. are considered the anatomical structure and functions of the testis and its accompaniments, both in fœtal and adult life. Part II. embraces a consideration of congenital imperfections and malformations; atrophy, injuries, hydrocele, hæmatocele, orchitis, tubercular diseases, carcinoma, cystic diseases, fibrous transformations, ossific deposits, &c. &c. of the testicle. Spermatocoele, entozoa and nervous affections of the organ, together with a series of observations on sympathetic and functional diseases, follow in a succession of chapters. Part III. regards varicocele, adipose tumors of the cord, spasms of the cremaster muscle, injuries of the scrotum, prurigo scroti, varicose veins of the scrotum, pneumatocele, œdema scroti, diffuse inflammation of the scrotum, mortification, elephantiasis scroti, hypertrophy, cancer, melanosis, fibrous and adipose tumors of the scrotum.

To have brought together such an amount of matter presupposes a thorough acquaintance with the subject, and no ordinary devotion to this particular department of study. T. B. Curling, Esq., now Surgeon to the Jew's Hospital in London, is the author. The publishers have again offered the profession a book of great value, which it is hoped will be extensively read and appreciated.

Principles and Practice of Medicine.—The world is already so full of scientific directions for curing diseases, that it is beginning to be a difficult matter to determine who is really and truly entitled to the most confidence. From the days of Cullen to the present hour these guides in the practice of medicine have been multiplying, till a mere catalogue of them is a much more formidable affair than would at first be supposed. However, we are delighted with the progress of therapeutic knowledge, and gladly

* A Practical Treatise on the Diseases of the Testis and of the Spermatie Cord and Scrotum, with Illustrations. By T. B. Curling, Surgeon, &c. &c. Edited by F. B. Goddard, M.D., &c., Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia: Cary & Hart. 1843. 8vo. p. 568.

use the facilities at command for spreading it abroad. The present week there is no opportunity for doing more than acknowledging the receipt of a copy of Dr. Elliotson's system of the Principles and Practice of Medicine, improved and enriched by the labors of Dr. Stewardson, Physician of the Pennsylvania Hospital. This, too, emanates from the press of Messrs. Cary & Hart.

Grafton (N. H.) District Medical Society.—At the annual meeting of the Grafton District of the New Hampshire Medical Society, held at Orford, the following officers were elected :—

Cyrus B. Hamilton, M.D., Lyme, *President*.

Samuel Little, M.D., Lebanon, *Vice President*.

Willard Hosford, M.D., Orford, *Secretary and Treasurer*.

Phineas Spalding, M.D., Haverhill, *Librarian*.

Dixi Crosby, M.D., Dartmouth College, Hanover ; Alanson Starks, MD., Orford ; Hiram Morgan, M.D., Haverhill, *Directors*.

Clinical Ward for the Diseases of Children.—It is stated in the *Lancet* that preparations are making for opening a clinical ward in Guy's Hospital for the diseases of children—presumed to be the first in England. It is to be placed under the care of Dr. Golding Bird.

Why would it not be a popular movement to introduce the same improvement into the hospitals of this country? To students, it would be of immense advantage, since they are usually less acquainted with the diseases of children when they graduate, than with those of adults.

Compliment to the Memory of Sir Charles Bell.—Sir Robert Peel has addressed the following letter to Lady Bell :—

Whitehall, September 4.

“ Madam,—I have had great pleasure in recommending to Her Majesty, that in consideration of the high attainments of your lamented husband, and the services rendered by him to the cause of science, a pension of one hundred pounds per annum for your life, shall be granted to you, from that very limited fund which Parliament has placed at the disposal of the Crown for the reward and encouragement of scientific labors.

This pension, small in amount as it necessarily is, will perhaps be acceptable to you, as a public acknowledgment on the part of the Crown of the distinguished merit of Sir Charles Bell.

I have the honor to be, Madam, your faithful and obedient servant,

ROBERT PEEL.”

Nitrate of Silver in Ophthalmia.—M. Velpeau has endeavored to distinguish the circumstances which should regulate the various modes of employing the nitrate of silver, but as they are all founded on anatomical differences, they seem to us of little use in practice. The employment of the nitrate of silver ought to be founded, not on differences of form, which are very difficult to ascertain, and which are often quite arbitrary, but on differences in the nature of the ophthalmia. There are many kinds of severe ophthalmia in which the nitrate of silver is very efficacious ; among these is the purulent variety. In this kind of ophthalmia, which

is often connected with some internal disorder, and which is frequently epidemic among children, M. Velpeau proposes to use from one to two parts of the nitrate of silver, dissolved in thirty parts of the vehicle. M. Baron, however, says that in the Foundling Hospital, where this form of ophthalmia is very common among new-born infants, a much stronger solution is found necessary; the proportions being from eight to sixteen parts of the nitrate of silver to thirty of water.—*Gazette Médicale*.

Medical Miscellany.—Dr. Abraham Coles, of Newark, N. J., tied the femoral artery, October 21st, where it passes under the sartorius muscle.—Dr. Draper, of New York, a well-known and distinguished chemist, sent a communication to the British Association, at the late meeting at Cork, on the chemical properties of the sun's rays.—The *Lancet* says, that with Clifton Wintringham, the school of mathematical physicians seemed to expire.—Dr. W. C. Taylor, at the British Association, read a paper on the pauper lunatics of Ireland, developing a heart-rending mass of misery and mismanagement. It is supposed there are 240 lunatics and idiots in the jails, and 471 in the workhouses of Ireland, at this time.—Carbonate of lithia, which exists in various mineral springs in Silesia, Galicia, and other provinces of the Austrian empire, has been recommended as a solvent of urinary calculus.—The *Western Lancet*, in a sensible article on the deaths of Hahnemann and Thomson, says that *it is strange* that the former should die while *little enough* medicine could be given, or that the latter should have departed while *heat* could be procured.—The *Maryland Medical and Surgical Journal* has been discontinued.—Cases of sickness have been very numerous in the neighborhood of Braux's Bridge, Louisiana. There is not a single plantation, five or eight miles round, that has been free from fevers—and they still prevail.—The papers speak of 259 students of medicine being already in New York, to attend lectures in the University School.

Number of deaths in Boston, for the week ending Nov. 4, 40.—Males, 18—Females, 22. Stillborn, 3. Of consumption, 4—dropsy, 1—lung fever, 7—infantile, 4—suicide, 1—Inflammation on the lungs, 1—measles, 2—erysipelas, 1—stoppage in the bowels, 1—dropsy on the brain, 1—liver complaint, 2—typhus fever, 2—cholera infantum, 1—apoplexy, 1—hooping cough, 1—old age, 2—ascites, 1—child-bed, 2—bowel complaint, 1—teething, 1—Inflammation of the bowels, 1—cancer, 1—Inflammation on the brain, 1.

Under 5 years, 22—between 5 and 20 years, 0—between 20 and 60 years, 14—over 60 years, 4.

REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Oct.	Therm.	Barometer.	Wind.	Oct.	Therm.	Barometer.	Wind.
1	from 52 to 52	from 29.40 to 29.49	S E	17	from 42 to 50	from 29.16 to 29.19	S W
2	55 71	29.06 29.18	S W	18	36 55	29.24 29.27	S W
3	46 63	28.92 29.05	S W	19	43 49	29.14 29.48	N W
4	46 52	28.97 29.11	N W	20	37 59	29.48 29.64	S W
5	42 60	29.30 29.35	N W	21	55 70	29.16 29.30	S W
6	47 62	29.32 29.38	N W	22	55 56	29.17 29.20	N E
7	50 52	29.39 29.43	N E	23	36 42	29.17 29.26	N W
8	47 59	29.09 29.38	S E	24	34 51	29.45 29.48	W
9	47 60	29.09 29.14	N W	25	40 52	29.37 29.44	S E
10	45 60	29.05 29.10	N W	26	41 46	29.46 29.48	N E
11	44 67	29.22 29.32	N W	27	36 41	29.04 29.29	N E
12	44 61	29.33 29.38	S E	28	39 43	29.33 29.53	N W
13	46 60	29.32 29.35	N W	29	35 49	29.52 29.56	N E
14	40 53	29.35 29.51	N W	30	33 51	29.54 29.62	S W
15	35 49	29.63 29.66	S W	31	32 39	29.60 29.70	N W
16	47 59	29.33 29.45	S W				

This month has been pleasant and favorable to the farmer and gardener. Rain has been abundant, but no long storms to interrupt business. The forests have their autumnal livery, and the fields are as green as June. Range of the Thermometer, from 32 to 70. Barometer, from 28.92 to 29.70. Amount of rain, 5.19 inches. Snow squal on the 23d, at noon.

Perfect Cure where Arsenic had been taken, by the hydrated Peroxide of Iron.—A young woman had swallowed, as was supposed, about five drachms of white arsenic. A practitioner, called to her about two hours afterwards, found her with the following symptoms:—Face flushed; eyes lachrymose; eyelids injected and half shut; some headache, but the intellectual faculties uninjured; tongue, mouth and pharynx with their ordinary appearance, showing no trace of the poison; thirst and disagreeable metallic taste in the mouth; painful expectoration, but no constriction of the throat. The patient had vomited twice, but the matters had not been kept; one vomit was said to have been liquid, colorless, and without any intermixture of alimentary matters; the second had been also fluid, but greenish. The abdominal region was little sensible to pressure; pulse rather frequent, full, and quite regular; respiration easy and not quickened; no irritation or eruption on the skin, the temperature of which was somewhat exalted.

A grain and a half of tartarized antimony was given, dissolved in six ounces of water, and an emollient clyster, with three ounces of olive oil. One minute after the administration of the emetic a vomiting took place of a greenish liquid and a little blood, in which arsenious acid was detected. Immediately the hydrated peroxide of iron, in a large dose, was commenced, and continued for several hours, till upwards of a kilogramme (two pounds and a half) of the peroxide had been taken. After each dose renewed vomitings occurred, by which means all the poisonous substance appears to have been got rid of from the stomach. In the evening an emollient ptisan was given, containing some nitrate of potash, which was followed by a copious stool and an abundant discharge of urine. The solution of the hydrated peroxide was persisted in as a beverage, and in eight days the patient was convalescent. The urine examined by M. Lecanu, on both the second and fifth days of the treatment, yielded a considerable quantity of arsenic.—*Gaz. des Hopitaux.*

Nitre in Rheumatism.—In some clinical remarks on rheumatism in the "Bulletin Gen., &c., Med. et Chir.," M. Forget thus compares the effects of three among the numerous remedies employed against that uncertain disease, viz., cod-liver oil, iodide of potassium, and nitre. Cod-liver oil is (he says) inert, or of little value. Iodide of potassium manifests utility so seldom and slowly that its applicability in rheumatism is doubtful. Nitrate of potash, in large doses, is often of decided efficacy. It fails, however, to be so in muscular, chronic articular, and very acute rheumatic affections; being most suitable in recent affections, of medium intensity, and in subjects neither very robust nor of lymphatic or nervous temperament. Nitre proves a valuable adjunct to bleeding, when that remedy fails to relieve or can no longer be practised; or, indeed, in all cases in which the loss of blood is not imperatively called for. It does not sensibly augment the urinary secretion in rheumatism, but, on the other hand, is provocative of cutaneous transpiration. It tempers, eminently, the pain and fever; but much is yet left to be discovered respecting its therapeutic action in the disease specified above, and the tissues on which this action is mainly exerted.—*London Lancet.*

The deaths in London during the week ending Sept. 2, amounted to 909, or 61 above the weekly average during the five past summers.

REMOVAL OF DROPSICAL OVARIA, ENTIRE, BY THE LARGE ABDOMINAL SECTION.

By D. Henry Walne, Esq., London.

THIRD CASE.—On the 27th of June, 1843, a young lady from the country, accompanied by her mother, called on me, bringing a note from Dr. John Elliotson, whom she had that morning consulted respecting an abdominal enlargement, which had for some time past been a source of anxiety to herself and her friends. Dr. Elliotson having ascertained the presence of dropsical disease of one of the ovaries, and the result of his extensive experience being a conviction of the inefficacy of medicine in the treatment of that malady, had “at once told her not to be tapped, nor to take medicine likely to weaken or even annoy her,” and advised her to put herself under my care, if I were willing to operate upon her. Being well acquainted with my “success in operating on the ovarium,” he seems to have “regarded it as a duty” to advise her to become my patient, provided neither she nor I objected to the operation. Having perused the note, not without some admiration of the manly frankness by which it was characterized, I proceeded to investigate the case of Miss A. K., who had not quite completed her twentieth year.

More than four years ago it had been observed that she was larger in her person than was natural; so much so, that the mistress of the school at which she was then a pupil had written to her mother, intimating that something was wrong in her state which gave her a very matronly appearance. She herself is of opinion that at a much earlier date she had been unnaturally large, and believes that her complaint originated in an attack of inflammation, for which leeches had to be applied to the abdomen, when about 11 years of age.

Having left school at Midsummer, 1839, she became a governess in a private family; but towards the end of the year her size excited so much observation, and caused so many unpleasant remarks on the part of persons who did not know it to be the effect of disease, that she was obliged to return home. A professional opinion was in consequence taken, and she was pronounced to have ovarian dropsy.

From the time at which the nature of her case became known, she underwent various courses of medical treatment prescribed by experienced

practitioners. Mercurial alteratives, repeated emetics, an ointment rubbed upon the skin of the abdomen till it produced an appearance like erysipelas, and a variety of other remedies, were duly tried, but her size continued to increase gradually, no benefit whatever being derived from any of the means employed. For six months before she applied to Dr. Elliotson, with the exception of a short trial of garlick in gin, and broom tea, which some friends recommended, and which were of no service, all medicines had been discontinued.

She began to menstruate in her 14th year, was quite regular in that respect from the first, and always continued so, never experiencing any material suffering or inconvenience on those occasions. At about 15 she went through a fever, but was never again affected by abdominal inflammation from the time of the illness which occurred when she was not more than 11 years old.

On examination I found the abdomen as prominent as at the full period of pregnancy, with greater fulness towards the loins. The tumefaction was circumscribed, very regular, and distinctly fluctuating; the health in all respects good; not the slightest sign of general dropsy present, and the uterus perfectly natural. I could find no circumstance to create a suspicion of the existence of adhesions; and she had never been tapped. Though of a tall, rather slim general figure, and thin in person, she measured forty inches in circumference.

Having informed Dr. Elliotson that I considered the case suitable for operation, but that, before arranging for its performance, if the patient and her friends agreed to have it done, I should wish Dr. Blundell's opinion should be taken, and this proposition receiving his approval, the result of our conference was declared. The young lady herself was very prompt in decision, being determined to submit to any operation rather than continue the subject of such annoyances as her disease occasioned. Her friends were more deliberate, and received much contradictory advice. In August the matter was so far settled that Dr. Blundell was consulted, and his opinion, after careful investigation, found to be favorable. By this time also I perceived that, from whatever cause, she was sensibly losing flesh, whilst her complaint was as evidently gaining ground. Three quarters of an inch additional abdominal circumference, with a thinner state of her general person, were plain intimations of the advance of mischief; and already her size was such as indicated a diseased ovary of much greater magnitude than had been met with in either of my previous operations. I therefore drew attention to these circumstances, and suggested that further delay would add to the hazard of the operation.

On the 29th of August she took up her abode in excellent quarters, with a prospect of the best nursing, and the most kindly discreet management of everything relating to the coming occasion. Her menstruation had continued to be quite regular up to this time, and her last period had concluded on Friday the 18th.

It was my purpose to operate on Friday the 1st of September. In the meantime she was subjected to similar preparations as my two former patients, viz., abstinence from meat, and wine or other stimulating beverage.

She also took aperient medicine of a mild description several times ; but being young, and, as I conceived, on that account more likely to be the subject of inflammatory attack after the operation, I thought it prudent to take eight ounces of blood from her arm on the day previous to the one fixed for its performance. She bore the bleeding well, not being at all faint. Once, indeed, some hours after, she felt a slight giddiness. Two nights in succession she had taken, as her bowels were not very freely moved by the first dose, the following pills :—R. Ext. colocynth. c. grs. viij. ; hyoscyam., grs. v. ; pulv. antim., grs. ij. M. et div. in pil. iij. h. s. sumend.

To-day, August 31, they had operated thrice copiously.

They were directed again, omitting the antimony. Her buoyant animation and activity were scarcely repressible by these means, by the injunctions of quiet or the expectation of the operation.

September 1st.—It was intended that the operation should be performed to-day, and the skin of the abdomen was marked last evening for the purpose. At 1, P. M., I saw her, and she was quite prepared in mind, and apparently in an excellent state of bodily health for the occasion ; moderately lowered in tone, but with a calm, soft pulse of about 80. The action of the pills had been attended by a little griping ; and, soon after I left the house, she remarked to the nurse that she felt as if she were about to be unwell. Between this and three o'clock the catamenia appeared, and I consequently postponed the operation, but was not aware of the circumstance soon enough to prevent my friends arriving one after another to their appointment at 4.

Having gone through her customary period of from three to four days, she was again well on the 5th of September, but the operation was not fixed for an earlier day than the 12th, that the tendency to relapse in this matter might be completely at an end. Her diet was very moderate during the whole of this time in respect to animal food, and for the last five or six days this was strictly forbidden. The following draught was taken on the morning of the 10th :—R. Pulv. rhei, ʒj. ; potass. tart., mannæ, aa. ʒj. ; spt. ammon. ar., m.xv. ; tr. hyoscyam., m.xx. ; tr. sennæ, ʒj. ; aq. piment., ʒxj. M. Ft. haust.

It operated well. On the evening of the 11th I found her in all respects in a desirable state for the operation. Menstruation had ceased about a week, and no threatening of a return had been felt. R. Ext. colocynth. c. grs. viij. ; hyoscyam., grs. v. M. et div. in pil. iij., h. s. s.

These did their duty effectually next morning.

12th.—I visited my patient about mid-day, and though hardly required, a little refreshed the marks upon the abdominal skin. The weather was hot, but the chill of instinctive apprehension had given her a cold hand and a pale cheek, not to be removed by the most determined spirit. The thoughtfulness of genuine courage was at work. At 2 o'clock she took a good basin of beef-tea. At 3, a copious enema of warm water ensured the clearance of the bowels. Drs. Blundell and Henry Davies, Messrs. Vincent, Beale, Burrows, Camplin, Hitchman and Law, having assembled, and all necessary preparations being complete, at about a

quarter before 5 o'clock Miss K. seated herself firmly at the end of a couch. It was observed immediately, though silently, by those who had witnessed them, that the abdominal tumefaction much exceeded that which existed in either case of my former operations. The pillows and bandage being adjusted as on those occasions, Mr. Beale took his post on the right, Mr. Law on the left of the patient; the former to manage the integuments, the latter the tumor. I sat obliquely facing the end of the couch, on her right.

Having no purpose of deviating in this case from my former plan of operating, though under no pledge to its invariable adoption, I proceeded to make the preliminary or exploratory small opening of an inch and a half in the linea alba, and below the umbilicus. Meeting with no unusual circumstance, unless the jet of a small artery be thought such, it was soon completed, and the abdominal cavity entered. The state of the cyst, as far as the finger can ascertain it, was made out. A momentary pause was asked by my patient to draw breath. The wish was opportune, as the granting it gave time for the bleeding artery to contract. Having mentally measured, by the bulge of the abdominal skin caused by the tumor, of what size the incision need be, I now divided the integuments from above downwards in the median line of the abdomen, slightly deviating to the left of the umbilicus, and having reached the preliminary section at its upper end, I then prolonged their division downwards from its lower end to the requisite extent. Of the nineteen inches and a fraction, the distance from the point of the ensiform cartilage to the pubes, fourteen were occupied by this extended incision. When completed, I promptly took my curved probe-pointed bistoury, and by the guidance of two fingers of my left hand, divided the peritoneum from within to a like extent. An enormous cyst gradually advanced through the wound. Mr. Beale carefully and effectually covered the viscera by closing the integuments behind it. Mr. Law sustained the weighty mass of disease. The broad uterine ligament of the left side constituted its pedicle, through which, under the protection of my own fingers, I thrust, from behind it, a needle armed with strong silk twist. The two halves of the pedicle were separately and tightly tied, and then it was divided between the ligatures and the tumor; the latter, weighing twenty-eight pounds, being immediately removed without impediment from adhesion. No bleeding followed the division of the pedicle, which I tied with great force, having complete confidence in the strength of my ligatures, and believing that the period of their dislodgment depends much on the degree of constriction given to the substance of the pedicle in tying them. Having carefully but gently removed the blood collected at the lower part of the abdomen, and near the edges of the wound which had alone furnished it, I applied thirteen interrupted sutures; placed long pads of lint on each side, but a little way from the line of the wound, and over these applied strips of plaster, extending from one side of the body to the other, securing the whole by the bandage. Dr. Blundell had previously examined the other ovary and found it healthy. Nothing could exceed the firmness of my patient's resolution. She had uttered no exclamation. Be-

ing now, however, somewhat faintish, she sipped a little brandy and water. After being placed in bed, slight vomiting occurred, and a very little brandy by itself was taken. An anodyne of gr. $\frac{1}{4}$ morph. acetat. in \mathfrak{z} jss. mist. camph. was given at about 6 o'clock, to be repeated in half an hour. I left her after the first had been taken, with a pulse of 88.

10, P. M.—Had not slept; retched at 9, and brought up a little of the secretion of the stomach, slightly tinged with bile; complained of tightness at the lower part of the abdomen, as if the bandage were too tight, which I found was not so, nor was the plaister. Felt some tenderness on both sides of, and quite across, the lower part of the abdomen, but chiefly of the left side; and had pain in the back, and down the limb of that side. Urine drawn off, \mathfrak{z} ix.; pulse 105 to 108; no shivering nor chilliness; skin rather hot, but moist; temperature of the room 72 deg. F. Tongue clean; no headache, nor confusion of mind; no bleeding from the wound; has drunk nothing but her medicine, and is not thirsty. R. Ext. hyoscyam. gr. v.; morphinæ acetat. gr. ss. M. Ft. pil. statim. sumend. A pint of water may be taken in the night, a little at a time.

13th, 8, A. M.—The vomiting recurred at 11 last night, and again twice between 5 and 6 this morning. Between 12 and 1 o'clock she fell asleep, and slept two hours, after which she dozed frequently. Urine was twice passed spontaneously, together to the amount of \mathfrak{z} v.; I drew off \mathfrak{z} xj. Though feeling better than she did last night, she says that her head aches a little, chiefly over the eyes, with a sense of "tired heaviness," but has no pain at the back of the head. Pulse 110, and rather full at the commencement of my visit, 102 at its conclusion; both carefully noted. Skin moist all night, but hot. Has taken nothing, not even the water, except one sip with the pill, and yet is not thirsty. Countenance animated, and with the color of healthy warmth. Breathes freely without its hurting her. The sense of tightness at the lower part of the abdomen is less; but she feels it now all over, and she is sensitive over the cartilages of the ribs on the right side, but does not feel "the cut" much. Her back aches from the shoulder-bones all down the sides and legs, more particularly the left. Mind clear; no chills; no flatus; tongue a little furred at the back, and less moist than natural. Advised to take the water.

1 to 2, P. M.—Has slept nearly ever since my former visit, and the vomiting has not recurred. Urine drawn off, \mathfrak{z} ix. I had cautioned her against any effort to pass it, lest the wound should be disturbed. Skin warm, and freely perspiring; tongue whitish; headache less, and feels better; pulse 98, full and soft. Temperature of the room 74 deg.

10, P. M.—Had dozed occasionally, and once slept an hour since my last visit. Pulse 112; tongue clean and moist. So little thirst that she has taken only about a pint of water since the operation, now thirty-one hours. Urine has been passed in considerable quantity; \mathfrak{z} ij. only drawn off; natural in color and other characters. A little flatus has been passed. Headache slight, but subsiding; mind clear; skin warm and moist. No shivering, nor chilliness, nor sickness; and the vomiting has not recurred since 6 in the morning. Complains of some pain "in the

lower part of the stomach (meaning, of course, abdomen), in the left hip, and back, and right ankle." Breathes freely, without fear of creating uneasiness. Felt as if she could eat some beef, when the nurse was taking her dinner. Rep. pil. ex hyosc. ext. et morph. acet.

14th, 8, A. M.—Has had an excellent night, with several hours of sound sleep, having been quite easy during the rest of the time. "At this moment I am free from pain altogether," is her answer to my inquiry how she feels. No vomiting, nor sickness, nor headache, nor confusion of mind, nor shivering, nor chilliness. No hiccup nor cough since the operation. Skin warm, and has perspired freely all night. Rather more thirst, but has taken only three quarters of a pint of water, and seems to wish for nothing in preference to drink. I inquired particularly on this point, as it was suggested to me that some fancy respecting water being likely to cause her complaint to re-appear was existing in her mind; and I felt that to take rather more of it would cool and refresh her under the present slightly feverish state of her system. She has since assured me that she had no such idea, but really did not want more than she took. Tongue clean, except a little brownish tinge at the back, a common effect of opiates. Limbs and all other parts of the body now easy, "except just the bottom of the stomach since the use of the instrument" (the catheter), and of the limbs when moved. Urine passed and collected, $\frac{3}{4}$ ij.; withdrawn $\frac{3}{4}$ ij. only; but, as she drinks so little, and perspires so much, this is not surprising; it is higher colored, in part, no doubt, from the same causes. Pulse 116, soft, temperature 74 deg.—to be lowered gradually to 72 deg., and then to 70 deg.

I adjusted the dressings a little, but did not examine the wound. I ascertained, however, by very gentle examination, that the abdomen was quite free from general tenderness, as it was from distension, or even fulness in any degree.

Half past 1, P. M.—Much as in the morning. Pulse a little quicker; but my friend, Mr. Law, having visited her with me, and the patient being much pleased at seeing him, perhaps accounts for it. Has taken soda water occasionally, not quite in full action, and in very small quantities—a wine-glassful at a time. It refreshes her very pleasantly. Up to this time nothing but this and plain water have been taken. To have a little arrow-root made with milk.

10, P. M.—Took her arrow-root, a tea-cupful, but not till forty-eight hours, at least, after the operation: enjoyed it. Is cheerful in countenance and manner. Has been a little uneasy with flatus, but is less so now, and thinks the soda water may have been the cause. Has dozed. Pulse 115, soft; tongue clean and moist; skin warm and perspiring; $\frac{3}{4}$ vj. urine passed; $\frac{3}{4}$ iss. only drawn off, to assure myself that it was duly voided. The power of discharging it is now complete, and the slight effort required is attended by no inconvenience. I had, however, discouraged the act to this time. No sickness, vomiting nor hiccup; no shivering nor chilliness; no pain except a little "at the bottom of the stomach," and some uneasiness in the legs, resembling rheumatism, she thinks, but very trifling. Slight headache, but no confusion of mind. No sense of

inclination to relieve the bowels has occurred, nor flatus passed. Has no wish for more arrow-root, or anything else. Dislikes pills, and would prefer a draught. Temperature 73 deg. Pulse 111 at the conclusion of my visit. R. Tr. hyoscyam., 3 ss.; morph. acetat., gr. ss.; acet. dist., gutt. v.; aq. menth. pip., 3 j. M. Ft. haust. h. s. s.

15th, 9, A. M.—Passed a quiet night, being quite easy, but slept little till between 7 and 8 this morning. Skin warm and perspiring; pulse 114; tongue moist, and very little furred at the back part. Flatus troubled her at one time, but does so no longer; some was got rid of. A sense of itching of the skin also teased her, but that has ceased. No sickness, hiccup nor cough. Urine passed 3 vj. of higher color. No distension of the abdomen; bears moderate pressure, even in the left iliac region. Limbs easier; back only feeling sore at its lowest part from lying constantly on it. More thirsty, and has taken a pint of water in the night; had previously not taken more than three pints of liquid altogether since the operation. To have arrow-root. Temperature 72 deg. Moistened the lint which adhered to the neighborhood of the wound preparatory to dressing it at

2, P. M.—When I did so, and took out all the stitches. Adhesion throughout, even to the very spot where the ligatures lie, and only barely leaving open the space they occupy. No pus anywhere. I laid a narrow strip of lint with spermaceti salve along the line of wound; then placed a long pad of lint on each side, over which strips of mild adhesive plaster across the abdomen, and the renewed bandage gave the requisite support to the abdomen. Urine passed 3 vj. To have a glass of calf's-foot jelly.

16th, 8, A. M.—Passed an excellent night, and is free from all uneasiness. Was hungry in the night, and wishes for an egg and coffee for breakfast. To have them, with a little dry toast.

2, P. M.—The catamenia appeared this morning. Has been taken out of bed, and lies comfortably on a couch. Had a jelly since her breakfast, and no ill effect has arisen from either. Perspires gently; weather remarkably hot.

17th, 2, P. M.—Wound dressed again. It is only a superficial line. In depth it is perfectly united, and the peritoneum has been shut from the first moment the wound was closed. No pus at any part of it, not even by the ligatures. Pulse 100. Has just taken some mutton broth with a little toast. Skin warm and perspiring. Temperature 72 deg., and it was nearly or quite that in the shade out of doors this morning, where it is now hotter than in the house.

* * * * *

29th.—Walked across the room, leaning on the nurse's arm, and next day did so several times without support. From this time she has become more and more active and independent of assistance, getting out and into bed, and sitting up great part of the day. Remarkably little discharge has proceeded from the ligatures, and they have been left to themselves very much, except being carefully guarded from accident. She usually takes an aperient pill at night, but not always. It would be use-

less to carry the report further ; and it may perhaps seem to some readers that the details are given more fully than necessary. To the really practical inquirer, I trust, they will not prove wearisome ; as they are designed to assist in illustrating a subject with which very few are at all acquainted by actual observation. Having, however, with this view prolonged the narrative so much, it is not my present design to offer many remarks.

The tumor itself requires but little description. A single principal cyst ; a moderate portion of solid matter in a highly vascular condition ; the Fallopian tube stretching away to its fimbriated end, at a distance of some fifteen inches from the division of the pedicle ; and the subjoined dimensions, are all the particulars that need be noted :—When lying, its circumference measured horizontally 3 feet 8½ inches ; vertically lengthwise, 3 feet 2 inches ; and vertically across, 2 feet 10½ inches. It weighed 28 pounds imperial weight.

Of the three cases of ovarian operation, which I have now placed before the profession, this one is perhaps the most interesting. It plainly demonstrates that, under proper precautions, the youthfulness of the patient need not deter the surgeon from attempting her cure ; whilst the value of the relief afforded by the operation at such a period of life can hardly be over-estimated, when we consider the distressing annoyances to which the malady subjects a young unmarried woman in any station of life, more particularly one holding the position occupied by my patient.

Her recovery was in all respects more rapidly completed than that of either of my former patients.

With regard to the propriety of performing a formidable operation like this for such a disease, it may be briefly remarked that no means on which any reliance can be placed, except an operation, are, as far as I can learn, known to the most experienced *practical* physicians of the present day, any more than to those of past ages : none, at least, which unequivocally cure or mitigate the disease when arrived at such a stage as to require an operation. A mistaken idea prevails in some minds that the disease does not tend to shorten life, as well as to destroy its comfort. I shall hereafter show that this opinion is totally at variance with facts. Like many other erroneous opinions, it is repeated on authority by men whose position might easily enable them to ascertain that it is devoid of truth. Compilers are apt to follow such men. How should they do otherwise ? They themselves, with few exceptions, are little engaged in the observation of disease, and cannot be expected to form opinions, except upon the report of others. The rising generation of practitioners derive their instructions principally from men of these two classes, who thus propagate error from age to age, mixed up, indeed, with so much useful information as gives additional influence to the mischief.

Equally faulty in fact and in tendency is the suggestion that the operation itself is necessarily one of easy performance, requiring little anatomical knowledge, or skilful surgical adroitness. It may, indeed, be truly said of *any* operation, that the amount of mere anatomical knowledge required for the mechanical part of the surgeon's act is not greater

than a diligent student might acquire in a few months ; and certainly not more truly of this operation, in which the separation of adhesions to the abdominal parietes and to the viscera themselves may be necessary : but it is the possession of correct physiological, pathological and therapeutical knowledge that enables a practitioner to cope with the real difficulties of operative surgery, those which endanger his patient's life, or after-health and comfort. If to perform an operation so rapidly as to excite the astonishment of a large class of staring students, and for the sake of this worthless display to cause the greater mutilation of the patient, as in amputations, in order to avoid its consequences ; if to disregard the preparation of the patient, so that dangerous symptoms must almost inevitably ensue ; or so to mismanage the after-treatment that the patient's life is lost, when he might be otherwise cured ; if to undertake without hesitation the performance of an important and hazardous operation in ignorance of those precautions which other men have shown to be both necessary and effectual for the patient's preservation ; if, in short, the dexterity of the mere anatomist be thus mistaken for perfection in the art of surgery ; then, indeed, is it high time that such erroneous notions should be corrected, and that the profession should see the advantage of a different combination of qualifications for its *useful* exercise.

That the removal of dropsical ovaria by the large abdominal incision will become a legitimate operation in the hands of qualified surgeons, there can, I think, remain but little doubt on the minds of practical men who have looked into the subject. I know that many such already consider the operation as established by the cases of Dr. Clay and myself. My own experience confirms me in my opinion of its humanity, usefulness and practicability, when properly conducted in well-selected cases ; and that, so conducted, it will be the means of averting much suffering, and saving many valuable lives, I entertain not the slightest doubt. As a comparative novelty, however, it has to contend with unjust prejudice on the one hand ; with ignorant rashness on the other. The former will gradually give way to conviction, or be reduced to silence ; but the latter, in its reckless eagerness for distinction may do much mischief by its unjustifiable proceedings, and so bring into undeserved obloquy what will otherwise be deemed a valuable improvement in surgery.—*London Medical Gazette.*

ALLAHABAD JAIL, IN INDIA—SURGEON'S REPORT.

[We select a few items from the last annual report of Alex. Beattie, Esq., Civil Surgeon of Allahabad, published in a late No. of the India Medical Journal.]

I have always considered it necessary for the preservation of health, that each convict should have not less than 3 feet by 8 for his accommodation when shut up at night, besides which a centre path-way is proper, and indeed necessary, to admit access to the urine tubs. The breadth of the Allahabad Jail rooms affords a larger path-way than is necessary,

but their length admits only 18 men at a side, or 36 men in each room, giving each 3 feet in breadth; yet, say that 40 men may with safety be confined in each room, at that rate 480 convicts can be accommodated in the Fourdaree Jail; at the same rate the Dewanee Jail will contain 230 men, making a total, exclusive of the female ward and hospital, of 710 prisoners. By a circular order of the Nizamut Adawlut, N. W. P., No. 1,166, it is directed that 890 male prisoners may be confined in the Allahabad Jail.

Twelve years' experience at this place has proved to me, that, whenever a greater number of prisoners than my estimate allowed, has been confined in this Jail, the men have suffered from being crowded, and breathing a polluted air, particularly during the hot and rainy seasons.

The rations are at present sufficiently abundant, and the articles of diet good and nutritious. On the 18th of August, 1841, an unhealthy month, and when the prisoners were sickly, the directions contained in the following circular order came into operation:—"The daily ration is reduced from one seer of 80 sicca weight, to 12 chittaks (60 sicca weight), *i. e.*, each convict will receive 10 chittaks of wheat flour, and 2 chittaks of dhal daily, the latter to be replaced by an equivalent portion of vegetables or rice, every second or third day, at the discretion of the Magistrate; in addition to this, a small quantity of salt, from a quarter to half a chittak, to be served out to each prisoner daily. As an indulgence, and to be so explained, 2 chittaks of ghee, a half chittak of red or black pepper, and half a chittak of tobacco, will likewise be distributed to each weekly. The daily allowance of wood is limited to one seer."

The quantity of food hereby sanctioned afforded one scanty meal in the twenty-four hours, and the consequences of the reduction and long fasting, were emaciation, debility, and increase of sickness in the form of dysentery and scorbutic complaints. I lost no opportunity in bringing before the authorities my opinion, that the reduced rations were insufficient for the maintenance of health among men exposed, while at labor, to the rays of the sun, and vicissitudes of the weather at all times; and in May, 1842, the diet was increased to the former standard to the laboring prisoners, and with the best effect.

Laboring prisoners receive one seer of 80 sicca weight each daily, *viz.*: 14 chittaks of otta, 2 of dhal, $\frac{1}{2}$ of salt, $1\frac{1}{2}$ seer of firewood, daily; 2 chittaks of ghee, $\frac{1}{2}$ of tobacco, $\frac{1}{2}$ of chillies, weekly.

The ghee is served out on four different occasions during the week. Two chittaks of rice and as much of vegetables are given twice a week, an equivalent deduction being made on this account, from the 14 chittaks of otta above specified. On my recommendation a part of the rations, about one third, is cooked and partaken in the morning, the remainder when the work of the day is finished.

For women and prisoners without labor, 10 chittaks of otta, and 2 chittaks of dhal, and 1 seer of fire-wood, are allowed daily; in every other respect the same as to laboring prisoners. None of the prisoners in this Zillah receive money rations. The clothing allowed is ample, a new piece of cloth for the waist and lower limbs (a dhoty), and a piece

for the head (augutcha) are distributed every six months, and at the commencement of the cold weather three blankets are given to each man ; one of the blankets is made up into a cap and coat which extends to the knees, and with long sleeves, is fastened on one side of the chest with tape. In cold windy weather the men are thus always well covered, and have their arms free for any labor, which is not the case when they have loose blankets ; every prisoner at the same time receives a straw mat to sleep on, which, with one of the blankets, is kept in jail, and in wet weather they are dry and prevent the necessity of the men sleeping in wet clothing, which is always a source of mischief. .

The employment of the prisoners has not to my knowledge been too severe in any instance, during the year. Whenever the men are engaged during the hot season, where the exposure to the sun's rays is so great as to prove prejudicial, an intimation to that effect from me to the Magistrate has always been attended to. Prisoners sentenced to labor, work on the roads. The men imprisoned for life, and the female prisoners, are occupied in grinding wheat. All the flour used in the Jail is prepared by them ; each individual grinds nine seers of wheat daily.

The internal economy is good, and as follows :—The prisoners sentenced to labor are counted off at day-break, and sent out of jail in gangs to their several working places, five men in charge of each burkundaz ; a portion of the daily food and firewood is taken with them, and a light meal is given to each man about 9 or 10 o'clock. This arrangement I suggested when the rations were increased to the present quantity ; almost all the convicts are classed into messes ; 1 man for every 16 is detained in jail as a cook. In the morning the cooks are employed cleaning the rooms, court, yards and drains, after which they go for the articles of diet, and prepare them ; so that when the prisoners return from work about 4 o'clock, P. M., their food is ready for equal distribution. An hour's rest at noon is allowed, and it is the business of the guards to see that every man bathe at that time. Every Saturday morning the floors of the rooms are washed and well dried. All the privies, urine tubs and sewers are washed daily. The prisoners without labor are exercised in walking an hour and a half morning and evening, in the open areas. Sunday is a day of rest for all. Once a week, at least, the whole of the prisoners and their food are inspected by myself.

During February, March and April, the sickness among the prisoners in Jail was very great. Fever of a continued inflammatory type prevailed as an epidemic, and I had reason to believe it contagious, from the circumstance of two native doctors, and several of the attendants on the sick, being attacked with it. Both the native doctors died with the disease, and left me almost entirely unprovided with assistance for the sick.

The symptoms in all the cases were nearly the same and equally violent, whether the subject was young or old, of a full or spare habit. The fever was rarely issued in by a rigor ; cold creeping sensation on the surface, or short, hot and chilly fits alternative with languor and prostration of strength, were speedily followed by an exceedingly hot, dry skin, rapid pulse, generally 120 in a minute, and great thirst ; the lips be-

came dry and cracked, the tongue very dry, furred, brown and stiff, in some cases it was black, and so hard and dry that it could not be protruded; the bowels generally constipated, the urine very scanty and high colored; in some cases only headache was complained of, but in all, the eyes were bloodshot and very much tinged with yellow. There was very great tenderness of the scrobic. cordis, and pressure on the upper abdominal regions could not be borne. If the fever was not speedily subdued by active antiphlogistic treatment, inflammation of the liver, stomach, spleen, and indeed of all the abdominal viscera ensued, and the irritation of such local disease prevented any remission of fever taking place. The following is a summary of the treatment employed, as the stage of excitement was fully developed in all, before they were admitted into the Hospital; venesection was at once had recourse to, when not contra-indicated by great age or debility of the patient; this was followed by affusion, which always gave much relief; the patient's head was then shaved, and an antimonial emetic administered. If the emetic did not empty the bowels as well as the stomach, a purgative enema was given, and a large dose of calomel with compound powder of jalap, or with castor oil; when these measures had taken effect, saline diaphoretic draughts, combined with tincture of digitalis, were given alternately with calomel, blue pill and antimonial powder, every second hour. Cold lotion was kept on the head, and the body repeatedly sponged with vinegar and water. In a majority of cases this treatment procured a remission of the symptoms in 18 or 20 hours; but a recurrence of fever frequently happened in the afternoon or early part of the night, requiring a repetition of the cold affusion, venesection, and the application of leeches to the epigastric and hypochondriac regions and to the head. Purgatives were repeated, and mercurial medicines continued till the mouth became tender, or till convalescence was established. Enemata were used frequently in every case. I have seldom witnessed cases of greater severity, or which more obstinately resisted the means resorted to for the removal of gastro-hepatic inflammation and congestion, than those of the epidemic alluded to. Anodynes by the mouth and the anus were very useful in obtaining sleep in the advanced period, when the patient continued wakeful or fell into a low delirium. The convalescents attended by native doctors were sent to Papambow, distant three miles from the jail, for the benefit of change of air; but many of those whose constitutions were broken down by age, or previous disease, suffered a relapse attended with dysenteric symptoms, and these were the cases which chiefly proved fatal.

The cases of cholera which occurred in April, May and June, were of a severe kind. Of 15 cases admitted in these months, 9 proved speedily fatal. There was not much vomiting or purging, the thirst for cold drink was insatiable, the voice husky and feeble, skin quite cold, pulse not to be felt two hours after the seizure. The omentum, mesentery and peritoneal coat of the intestines were inflamed in all the fatal cases. A native doctor died of the disease in 12 hours' illness. He was attacked in the hospital.

The first case of smallpox which occurred at the Station was on the

20th of March, and from that date throughout April, May and June, the disease prevailed, yet not very many cases occurred.

The cases vaccinated during January, February and March, were very successful, but during the hot months the virus proves quite inert. There are two native vaccinators paid by government for this Zillah, but much prejudice exists among the people in regard to the operation. The total number vaccinated during the year was 291, of which only 92 were satisfactory.

INOCULATION WITH TUBERCULOUS MATTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following case of inoculation with tubercular matter, worthy of notice, you are at liberty to publish it.

June 30th, 1840, in making an examination, thirty hours after death, of the lungs of a subject that died of tubercular phthisis, I accidentally cut the middle finger of my left hand over the first joint; the wound was slight, not penetrating through the cutis vera.

The lungs of the subject were loaded with tubercles, in all stages of softening. After completing the examination, I cleansed the wound thoroughly, and paid no more attention to it. In about two weeks there began to be symptoms of inflammation about the seat of the injury, and there soon appeared a row of hard tubercles in the direction of the cut; in a few days suppuration took place, and I punctured them, and thick matter was discharged. In two weeks, however, another crop appeared, more numerous than the first, which I treated in the same way. In this way the disease continued to progress for two years, in spite of all the means that I was able to use, or that were suggested by other physicians, till it had extended from the nail half way to the second joint, and half way round the finger, producing a kind of fungous thickening of the skin, which I was obliged to remove occasionally with caustics.

The finger was never much painful, but very sensitive; any slight injury would produce the most acute pain for a short time. In the treatment I gave the various preparations of iodine, of different strength and modes of application, a thorough trial; but all to no purpose, except to hasten suppuration of the tubercles, if used too strong. The only treatment that appeared to have the least effect towards removing the disease, was pulv. nit. silver, applied in such quantity as to remove a pellicle without producing sufficient inflammation to cause softening of the tubercles. By removing successive peelings in this way, suppuration was prevented, and the diseased part all removed in a few months, except in a small place where the disease had extended to the cellular membrane, in a cicatrix produced by nitric acid applied to remove fungus. These pellicles, when removed, were thickly studded with tubercles, like thorns, about one line in length.

It is now six months since I have made any application to the finger, and there remains a small tumor an eighth of an inch across where the

nitric acid destroyed the skin, not in the seat of the original injury, but between the first and second joint; this is slightly tender, and occasionally has that peculiar *sick* feeling, unlike anything else I ever experienced, which the finger has always had ever since diseased.

Query.—Can tubercular matter be taken up by the absorbents, and carried into the circulation, and deposited in other parts of the system, producing tubercular disease there?

LYMAN BARTON, M.D.

Willsborough, N. Y., Nov. 1st, 1843.

PROF. REESE'S "HOMŒOPATHIC CHALLENGE."

[Communicated for the Boston Medical and Surgical Journal.]

DR. REESE. *Dear Sir,*—In the Journal of October 10th, on page 225, there is published from you an extraordinary "Homœopathic Challenge." When I first read it, it was considered, as it still is, a boasting ebullition from a "good-natured" professor—and thought it not worthy of any special notice. But on more mature reflection, when considering certain pointed expressions contained therein, and the *general credulity* of people for attaching an uncommon importance to such a sweeping statement as yours, it was deemed proper to say something in exposing its fallacy. It seems unaccountable that homœopathy should demand a regular "challenge," when it is and has been so much ridiculed, and to have it emanate from a real professor of "the institutes of *rational* medicine."

Can you, Sir, rationally justify your own course? Is it commendable for a literary gentleman to take so much notice of so *trifling* a subject? or, rather, if it be so *worthless* and "*inert*" in its practical application, why pay any attention to it? Why trouble yourself in repeating it from place to place, and voluntarily subject yourself to such a "*fiery ordeal*"—if there be no *reality* about the science? You have certainly acted very inconsistently with your views of the subject. For if the practice of homœopathy be insufficient to produce any salutary effects in *curing* disease, it must, of course, *die* a natural death, without the medical aid of any one to terminate its existence. Therefore, judging from the foregoing consideration, you can readily understand, that such a challenge as yours is nothing more than a "*non compos mentis*." You need not trouble yourself about the "transcendental mysticism of homœopathy," nor mention about your "responsibility to a higher tribunal," if you can take the following-named medicines with impunity, which are mentioned in your challenge, viz.—"*prussic acid, aqua fortis, rats' bane, flint and steel, thunder and lightning, fire and brimstone!*" Such a medley of ingredients for an experiment plainly shows a want of common sense. The homœopaths do not expect to suit *Vulcan* characters, nor prepare their medicines to be proof against Salamanders. Their medicines are only calculated to subdue diseases of the *human* system on earth—notwithstanding your "sincerity and convictions" to the contrary of "hu-

man jurisprudence." The homœopathic medicines are not made to resist all the heterogeneous materials of creation!

You state, Sir, that the homœopathic physicians do not rely "on homœopathic treatment" either for themselves or their families. You give no particular facts as proof for such an assertion—but it is altogether contrary to my acquaintance with the homœopathists. So far as my present experience and observation extend, I can speak unhesitatingly in favor of homœopathy on myself, in my own family, among many of my relatives, and a large number of other patients, and I have had almost all kinds of acute and chronic diseases to manage, and have given almost universal satisfaction to my employers. My long experience of allopathy enables me to judge more correctly of the true merits of homœopathy. I consider the science of homœopathy to be *one* of the greatest and most valuable discoveries that has ever been made by the medical faculty. My own success has been fifty per cent. better than when I practised allopathically.

It is well known, Sir, generally, that any *new and valuable truth* is violently opposed—but for all this, it will wear brighter and brighter, the more there is done to demolish it. And it is well to remind you, before concluding, that homœopathy is on its onward course—its advancement is almost daily experienced—the obstacles which have often impeded its progress, are yielding to the power of its "*infinitesimal doses*." If the homœopathic system were as "*inert*," as you would have your hearers and readers believe, how can you account for its *great efficacy* in *curing*, very rapidly, many acute and chronic cases? The medicines do all this in my practice, whether you are disposed to believe it or not. What I actually learn from observation is sufficient to establish my mind, more than all the medical challenges you can reiterate, with all the combined powers of heaven and earth! Yours, with esteem and sincere respect.

Boston, Nov. 6, 1843.

ROBERT CAPEN, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 15, 1843.

Boston Lunatic Asylum.—Dr. Stedman's first report to the City Government, a neatly published document, has been recently distributed. It is well drawn up, and evinces the care of a physician, united with the feeling of responsibility of a discreet public officer. The following are the essential statistics of the past year:—

Number of patients admitted since the Hospital was opened, 259; do. resident during the past year, 157; do. admitted do., 62—males 37, females 25—married 33, single 29. There have been discharged during the past year, 38—viz., restored, 22; improved, 2; unimproved, 5; died, 9.

Dr. Stedman had been in his present station only eight months when this report was made; but he appears to have become familiar with

the real condition of the establishment, and pleads, like a philosopher of comprehensive views, for the wretched beings placed under his charge.

When a great public improvement was demanded by the people of France, during the Revolution, the way to bring it about was the popular cry, *off with their heads*. After reading the following extract, we say, *off with the sheds*.

"It is much to be regretted," says Dr. S., "that with their capacity for labor, so little opportunity is afforded the patients for employment. The average number constantly occupied in and about the Hospital buildings is not more than twelve. There are several females who are engaged in sewing, knitting, scouring, washing or ironing at different and irregular periods; but never are there more than seven or eight for whom regular employment can be provided. A few of the males perform the more laborious requirements of the house; the remainder lead comparatively a very inactive life, notwithstanding the efforts made to engage them in light occupations or amusements. In view of these circumstances, the Superintendent has considered numerous plans for occupying and amusing the minds of the patients in addition to those now adopted. And among other modes of accomplishing the object in view, he would beg leave to suggest to the City Council the practicability of removing the barns and out-houses belonging to the House of Industry, which now stand in front of the Lunatic Hospital, and of extending the limits of the land on which the Hospital is situated beyond the site of those buildings. He is aware of the expense involved in such a step; but at the same time is convinced of the necessity of the measure, arising from the need of a proper amount of labor and exercise, in which the patients cannot be engaged while in the contracted space they now occupy. It is unnecessary at this late day, when the general principles of the treatment of insanity are so well known, to enter upon an argument to prove the absolute necessity of occupation of some kind as a remedial means to be resorted to for the mitigation of this direst of human diseases. It is only necessary to show how small is the space enclosed for the use of this Hospital, to convince any one of the need we are in for more land, in the cultivation of which our male inmates may find active employment, and in the circuit of which the female patients may have better opportunities for exercise and enjoyment in the fresh air.

"The enclosure comprises five acres. The Hospital, with all the out-buildings, yards, paths and wharf, occupies three fifths of this space; so that only two fifths remain for cultivation—a much less quantity of land than is to be found attached to any insane institution in this country."

Lastly, we add the former and present dietary of the patients, for the use of those who are solicitous to collect information of the kind.

FORMER DIETARY.—*For breakfast, daily.*—Coffee or chocolate, sweetened with molasses, and bread.

For Supper, daily.—Tea or chocolate, sweetened with molasses, and bread. Cheese on Sunday at supper. Gingerbread on Monday at supper.

For Dinner.—Sunday, rice and molasses; Monday, beans and pork; Tuesday, Thursday, Saturday, beef soup, with vegetables; Wednesday, roast beef and vegetables; Friday, salt fish and potatoes.

PRESENT DIETARY.—*For breakfast, daily.*—Coffee, chocolate, or shells, and bread.

For Supper, daily.—Tea, sweetened with sugar, chocolate or shells,

and bread. Cheese at supper twice a week. Gingerbread, or other plain cake, twice a week.

For Dinner.—Sunday, cold corned beef, with potatoes; Monday, pork and beans, rice pudding; Tuesday, fresh fish and vegetables; Wednesday, roast beef, mutton, lamb or veal, and vegetables; Thursday, beef soup, rice pudding; Friday, salt fish, with vegetables; Saturday, same as on Wednesday. The native fruits in their season.

Insane Asylum in Vermont.—Within a few days, the seventh annual report of the Trustees to the Legislature, together with Dr. Rockwell's, in a pamphlet form, has been received. The latter was received and acknowledged by us some weeks ago. Of the medical superintendent's qualifications, and his fidelity to the best interests of the unfortunate beings placed under his care, no one presumes to doubt. There is some interest in knowing the annual expense of the public charities, and in reference to that point it may not be amiss to state that the whole expense of maintaining this State establishment, for the last financial year, was only \$1350 15—and the income during the same period, was \$448 46 more than the outgo. It is therefore a self-sustaining charity, and creditable to the inhabitants of Vermont.

Dental Ingenuity.—By turning to some of the back volumes of this Journal, an account may be found of the case of Jeremiah Driscoll, of Warren, R. I., who was injured, in the South Pacific Ocean, by a whale, Nov. 7th, 1836. It is only necessary to repeat the fact, that the end of an oar was driven into his mouth in such a manner as to knock off the whole anterior part of the alveolar arch, of the upper jaw, teeth and all; the roof of the mouth was broken through, and the nasal cavity freely admitted the tongue into it—the bones having subsequently come away. This is only a general outline of a terrible wound, from which Mr. Driscoll finally recovered, but greatly disfigured and wholly unable to masticate food. By the skill of a Boston dentist, Dr. Harwood, now residing at Machias, Me., the deformity was measurably overcome, and the ability to subsist on solid aliment restored to him by a complete set of teeth.

Four years, however, have considerably modified the shape of the mutilated jaw, so that there was considerable difficulty in maintaining the palate plate in its proper position. Consequently, articulation as well as manducation was beginning to be an exceedingly troublesome process, to say nothing of the distortion of features that must necessarily ensue from any imperfection in the mechanism of such an extensive artificial surface as he had been wearing. Under these circumstances, he has again recently visited Boston for assistance. Dr. Joshua Tucker, whose ingenuity has often been put in requisition in cases equally perplexing, succeeded in admirably fitting a new palatine and alveolar arch, bearing a highly finished set of molar and incisor teeth, which have as perfectly restored Mr. Driscoll as it is possible for art to do. No one would suspect, without a minute examination, that so much of the man was artificial.

These triumphs of art, of such immense importance to those who have been unfortunately maimed, should be extensively circulated by the press, that all sufferers may avail themselves of the advantages accruing from the modern discoveries and improvements in mechanical dentistry.

The late Fever at Rondout.—In the third No. of the New York Journal of Medicine, Dr. Forry, its indefatigable editor, has furnished an elaborate paper, entitled "an account of a malignant fever which prevailed at Rondout, Ulster County, N. Y., in the months of August and September, 1843, with an inquiry into its nature, and into the question of its importation by the schooner Vanda; based upon an investigation of the disease at Rondout," &c. Some idea may be formed of the labor bestowed upon the investigation, when the simple fact is mentioned that it occupies fifty-four pages. In conclusion, Dr. Forry says that the disease was *indigenous* and *non-contagious*; "and viewing its whole character, as evinced both by its history in connection with the philosophy of epidemics, and by its own peculiar symptoms, the opinion would seem to be clearly warranted, that it is a malignant remittent fever, with a strong tendency to assume the typhoid type."

Miraculous Medicine.—A pamphlet has appeared—the work of the Avignon Jesuits—with this taking title, "*Notre Dame de Remedy*," which conquers paralysis, dropsy, cancer, and other diseases of uncertain seat, together with blindness, dislocations, &c. They are all easily mastered by orisons, fastings, church discipline and vows, but particularly by the application of relics! This is no more ridiculous than the *clairvoyant* exhibitions of females in Boston, who, for a fee of about three dollars, pretend to inspect the interior of the body, and describe the diseased appearances within! What is still more marvellous, is the fact, that in this city of intelligence, both men and women abound who have confidence in these explorations, and pay as cheerfully for being thus imposed upon as they would for bread when famishing.

Herculean Treatment of Dysentery.—We make the following extract from a private communication, dated October 3d, from Dr. P. Fahnestock, of Pittsburgh, Pa.

There has recently prevailed in this vicinity, about two miles from the city, an endemic dysentery, characterized by considerable febrile action, with frequent mucous or bloody evacuations, and violent tormina and tenesmus. It attacked both sexes and all ages indiscriminately, and among them I attended from sixty to eighty cases. As my treatment was peculiar, and its success confirmed its propriety (but three cases having proved fatal), I will state how I managed them.

In the case of an adult patient of either sex, having ten or twelve stools per hour, consisting of blood and mucus alone, accompanied with great tormina and tenesmus, I usually gave from six to fifteen grains of pulverized opium, with from twenty to thirty grains of calomel; but if the pulse was full and frequent, this treatment was premised by general bloodletting and the application of leeches to the anus. In six or eight hours after the administration of the medicine, I prescribed the following:—*R.* Ol. ricini, ʒ iss.; spir. terebin., ʒ ss.

These were my maximum doses; and after the operation of the oils, I gave calomel and Dover's powder in small doses, with gum water as a drink, and rice and arrow root as diet. It was seldom found necessary to repeat the calomel and opium. To children six or eight years old, I gave

as much as four or five grains of opium, without producing more than a few hours' sleep.—*New York Journal of Medicine.*

Officers of the Cortland (N. Y.) Medical and Surgical Association.—A. B. Shipman, *President*. Lewis Riggs, Lewis H. Kelly, *Vice Presidents*. Ashbel Patterson, *Recording Secretary*. H. O. Jewett, *Corresponding Secretary*. H. Van Duzen, Wm. J. Willson, A. Cooke, J. A. Shipman, Joel R. Carpenter, ——— Chapman, Wm. H. Knapp, *Curator*.

Medical Miscellany.—Dr. Ray, Medical Superintendent of the Maine Insane Hospital, delivered a lecture at Bangor, the other day, on the *mad characters* of Shakspeare.—A little girl, nine years old, in Camelford, Eng., died of hydrophobia nine weeks after being bitten by a dog, not known to be rabid.—In St. Peter's Hospital, chargeable to the city of Bristol, Eng., is a female pauper who has been maintained at the city's expense since 1780. Another, now 93 years of age, is in the Asylum at Stapleton, and danced a jig for the amusement of her companions when Prince Albert recently visited Bristol.—There has been considerable sickness during the present autumn, in Leonardstown, Md. The prevalent disease has been a bilious congestive fever.—Upwards of forty students were matriculated at the medical school at Cincinnati so early in the term, that it is presumed the class will yet be considerably increased.—Mrs. Jones, the wife of a forgerman, in Cosely, Eng., whose wages are only 9s. a week, was safely delivered of three boys and one girl, a short time ago.—Dr. Wm. Foss, of Wayne, Me., has been acquitted of the alleged murder of Ann Elder, of Gray.—Ninety medical students were matriculated on the day on which the annual course of lectures commenced at the Medical College in this city.—A pair of twin boys were born in Boston, last week, in the practice of Dr. Wm. E. Cole, which were furnished with an extra little finger on each hand.—Sir Astley Cooper left a fortune of half a million sterling; Dupuytren, over three millions of francs; and Baron Grafe, the great surgeon of Berlin, about three millions of dollars.

TO CORRESPONDENTS.—Dr. Cook's Case of Placental Presentation, and No. 2 of Phreno-Magnetism, are on hand for publication.

MARRIED,—Theodore F. Cornwell, M.D., of New York, to Miss Maria Lay.—In Truxton, Frederick S. Hoyt, M.D., of Athens, Pa., to Miss Julia Bassett.—Dr. James Holland, of Westfield, Mass., to Miss Anne G. R. Wheeler.

DIED,—At Rodney, Miss., of yellow fever, Dr. John H. Savage, formerly of Salem, Mass.

Number of deaths in Boston, for the week ending Nov. 11, 42.—Males, 21—Females, 21. Stillborn, 1. Of consumption, 3—inflammation of the bowels, 1—scarlet fever, 5—typhus fever, 8—measles, 1—inflammation on the brain, 1—lung fever, 4—infantile, 2—hooping cough, 3—abscess, 1—smallpox, 1—rheumatic fever, 1—old age, 1—dta, 3—croup, 1—dropsy in the head, 1—liver complaint, 1—intemperance, 1—paralysis, 1—cancer, 1—rupture of bloodvessel, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 15—over 60 years, 3.

Diet used at the Table d'Hôte of Priessnitz.—Dr. Edward Johnson, in his book on hydropathy, gives the following account of the food administered to his patients by the peasant apostle of the water cure. Would it not tempt any reasonable being to throw physic to the dogs, and perform a pilgrimage to the shrine of Priessnitz? "With regard to the diet used at Græfenberg, I cannot help offering one or two remarks. The principal animal food there placed upon the table is boiled beef (done to rags) and the veal of calves not more than a day or two old. Hares, coarse, dry and tough, being first boiled and then baked. Baked pork, baked goose, and baked duck, with baked sausages, help to vary the repast. Add to this old mutton, fœtal calf, and cow beef, stewed in vinegar, succeeded by rancid ham served with mashed gray peas. While I am writing, I am overlooked by a gentleman who declares that this statement will not be believed in England. I think that is extremely probable. It is nevertheless perfectly true. Cucumbers, cured in nothing but salt and water, which the Germans eat with avidity, saur kraut, hard dumplings, pancakes with cheese-curd rolls up in them, puddings made with poppy seeds—these also are the standard and daily delicacies of the Græfenberg table. Add to all this that the only bread on the table is a composition of barley and rye; add, moreover, that the veal, hare, &c. is constantly either mouldy or putrescent, and that the bread is invariably perfectly sour, and the reader will readily acknowledge that here is an assemblage of savors, flavors and odors, exceedingly well calculated to give him an indigestion, who had never one before. The food is so insufferably bad, that a party of gentlemen, only the other day, after having stood it as long as they possibly could, were literally compelled to spit it out of their mouths, and retire in order to buy and cook, as well as they could themselves, sufficient food for their dinner; and they have quitted Græfenberg (that is, the Græfenberg table) in order to purchase food for themselves in the town of Friewaldau. It is lamentable that so important a matter as diet should be so utterly scorned by Priessnitz as it is; and it cannot be doubted that this wretched diet keeps the patients much longer under treatment than would otherwise be required, and that in many instances it obstructs the cure altogether. But the numerous and important cures which he is constantly affecting, notwithstanding all this, makes him reckless of diet; and bad food is cheaper than good. He does not see, however, that if he gave his patients wholesome food he would cure them in half the time, and thus, by a more rapid succession of guests, he would acquire the same amount of emolument, and add greatly to the character of the *wasser kur*. But he has more patients than he can possibly attend to, and more money than he knows what to do with. Success has made him careless."

Singular Madness of a Naval Captain.—Her Majesty's Brig the Lynx, mounting three large guns, was lately lying off the town of Cove, when her Commander, Capt. Burslem, gave the order to clear the decks for action. This was immediately done, the guns were primed and loaded, and in a few minutes after, Capt Burslem ordered the guns to be fired upon the town. The officers next in command now consulted together, persuaded the captain to go below, secured him, and reported the affair to the Admiral of the squadron. Captain Burslem was immediately removed, and the town of Cove escaped demolition by the hands of a madman.—*Eng. pa.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, NOVEMBER 22, 1843.

No. 16.

OPERATION FOR CANCER OF THE LOWER LIP.

By W. B. Dodson, M.D., Surgeon to the L. M. Hospital, Louisville, Kentucky.

MR. SHIPLEY, aged about 50 years, a native of the north of England, was admitted into the Hospital, July 27th, 1842.

Habits regular, and general health good; followed the seas fifteen or twenty years; has been a resident of Kentucky, in the vicinity of Lexington, four or five years.

About eighteen months since, a small wart, apparently of the common kind, appeared upon the upper surface of the under lip, above the mesial line; he plucked it out, and it was soon reproduced, and so on a great number of times; when at length it assumed a violent inflammatory action, which in the course of a few weeks resulted in extensive ulceration, and frequent hemorrhage; the general health being very much impaired. It made rapid progress, being developed to a revolting appearance in the short space of ten or twelve weeks, during which time *faith, herbs, roots, &c.*, were resorted to without benefit.

The patient was placed upon the operating table with his head elevated—a skillful assistant stationed behind him to control the hemorrhage by making steady and firm pressure with his fingers upon each arteria facialis where it turns up over the inferior maxillary. The mass of diseased lip was removed by an incision from each angle of the mouth, resembling in shape the letter V, and meeting at the symphysis of the chin. The hemorrhage was arrested by torsion, after which the parts were examined, the wound cleansed, and the edges, nearly the whole extent, approximated by the interrupted suture; but union by the first intention did not take place, owing to the extreme debility, and deterioration of the patient's health.

Before the operation, pulse 86, and tranquil; immediately after, 96.

28th, A. M.—Pulse 80; skin cool; rested well, but did not sleep much; took a dose of morphine; the lip feels more comfortable than was expected.

29th.—Slept pretty well last night; pulse 80, and regular.

30th.—Did not rest well last night, but suffered little or no pain; pulse 76.

August 1st.—Removed the pins; the inferior part of the wound

presents a very unfavorable appearance, emitting considerable fetor. Cleansed the surface of the wound thoroughly with warm water, after which a weak solution of chloride of soda was applied, dressed with dry lint, secured with adhesive straps; pulse 84. A nutritious diet and wine prescribed.

2d.—A very favorable change has taken place in the appearance of the wound since yesterday—is granulating—discharge very much improved in quality.

2d.—Pulse 85; had slight diarrhœa last night, otherwise rested very well; bread and milk poultice to the lip; beef tea to be given freely through the day.

4th.—Rested well last night without an opiate; wound looks well; dressed with dry lint and adhesive straps.

5th.—Pulse 80; did not rest well last night, without being able to assign any particular cause for being restless; both the wound and the discharge have a favorable appearance—the latter being quite copious; says he feels very well; looks improved, and was reading a book when I entered the ward.

6th and 7th.—Doing very well.

8th.—Slept well last night; changed the dressing from lint to that of a bread and milk poultice, for the purpose of promoting a more luxuriant growth of granulations.

9th.—Feels very well; the same treatment continued.

10th.—Doing well; poultice continued.

11th.—The same as yesterday.

12th and 13th.—About the same.

14th.—Rested well last night under the influence of an opiate; describes slight darting pains, now and then, from the inferior part of the wound (he says very slight and not frequent); a small tuft of fungus has sprung up in the inferior part of the chasm, it is feared of a malignant character, indicative of a return of the former disease.

15th.—Feels well; the fungus has increased, particularly on the right side; poultice omitted and dry cotton applied, secured by adhesive straps, making slight compression.

16th.—Slept about an hour last night; fungus slightly diminished.

17th.—Rested better last night; fungus diminished.

18th.—Slept very well last night; fungus rather less than yesterday.

20th.—Still diminishing.

22d.—Had some smarting pain in the lip yesterday; did not sleep so well last night.

24th.—The fungus less than when I saw him last.

26th.—Complains of a little tightness in the right side of the lip where the upper pin passed through it.

28th.—Rested well last night; fungus nearly disappeared.

September 1st.—The ward was transferred to Professor Gross, by whom the patient was discharged, cured, in a few days; and has remained free from any indication of a return of the disease up to the present time.

A subsequent operation was performed in October last, to remedy a slight defect which resulted from the first. A chasm or semi-lunar notch existed, on the right side, just three fourths of an inch in length, and three sixteenths of an inch in depth at the centre, through which the saliva was prone to escape, especially in the cold season.

Two modes of operating were proposed, and the probable results fully explained to the patient. First, by detaching the lip from the jaw, elevating and securing it appropriately with adhesive straps and bandage; and the head bowed towards the sternum, and secured in that position until re-union was accomplished. The result of this operation was fully anticipated and thoroughly explained to the patient, notwithstanding he preferred it to the following, which was recommended, and to which he voluntarily said he would submit should the first fail.

The second mode, and the one insisted upon, was to make an incision parallel with the base of the lower jaw and the mouth, when closed, about midway between the two, and of a sufficient length to admit of dissecting the lip from its adhesions (which were loose and cellular) except at the point of deficiency, elevate it sufficiently, and secure it thus by an appropriate dressing until re-union should take place; leaving the chasm made by the horizontal incision to fill up by the granulating process.

It is fair to state that the operation as performed was apparently successful, but owing to the rigidity of the cicatrix and its loose attachment, the lip gradually gained, to some extent, its former position.

The deficiency in the lip at the present time is very inconsiderable.—*Western Lancet.*

DUPUYTREN AND ROUX'S TREATMENT OF SURGICAL DISEASES.

[A WORK on the Principal Medical Institutions, &c., of France, Italy and Germany, by Edwin Lee, M.R.C.S., has lately been published in London. The following remarks on Dupuytren and Roux are copied from it.]

In M. Dupuytren, for many years the principal surgeon of this Hospital, were presented a tact and quickness in seizing indications of treatment, joined to a precision of diagnosis, and a dexterity in the performance of operations, rarely met with. By his genius, the pathology of several diseases, formerly but little understood, was elucidated, and the advantages of many improved methods of treating surgical disease which he employed, have, since his death, become more manifest. Although a knowledge of the opinions of this celebrated professor is pretty extensively diffused by the publication of his *Lecons Orales*, yet the following brief sketch of his views on some important diseases, may prove acceptable to those who have been debarred from the perusal of his work.

The nervous or traumatic delirium, which frequently supervenes on accidents and operations, and which, like delirium tremens, is marked by insomnia, continual restlessness, and absence of fever, was treated by M.

Dupuytren by enemata of a small quantity of mucilaginous liquid, containing from six to twenty drops of laudanum, repeated three or four times, if the symptoms persisted, at intervals of six hours. This small quantity of laudanum, so administered, produces a more marked effect than three times as much taken by the mouth, and seldom fails to induce sleep, after the failure of other means. This kind of delirium leaves no traces of its existence after death; it most usually occurs in men of a nervous habit, and occasionally in women, but has not been observed in children.

Wounds of arteries, if recent, are best treated by placing a ligature on the vessel between the wounded part and the heart. The only exception to this rule is when the artery is wounded near the extremity of the limb; in which case, in consequence of its free communication with in-osculating branches, it is requisite to place a ligature both above and below the wounded part. A similar proceeding is required when the lesion of the vessel is of long standing, as the edges of the wound are then incapable of adhesion.

Gonorrhœal ophthalmia mostly occurs from inoculation, but may supervene on suppression of the urethral discharge, especially if the patient have been at the same time exposed to cold or other exciting causes of ophthalmia. It should be treated by general and local depletion, revulsives and emollient lotions. These measures are, however, insufficient, unless combined with the insufflation of a pinch of finely-levigated calomel, upon the ocular and palpebral conjunctiva, once or twice a day. One or two drops of laudanum should also be dropped between the eyelids in the evening. The purulent ophthalmia of infants is essentially the same disease, and should be treated in a similar manner. Strumous ophthalmia was considered by M. Dupuytren to depend on inflammation of the retina, and was treated by the internal administration of belladonna, combined with other means indicated by the symptoms. From three to eight grains of the powder, or from one to three grains of the extract of belladonna, were divided into six doses; the patient took one of these every two hours; to prevent narcotism, either general or local, Seltzer water was generally administered at the same time.

Gangrena senilis is not, as its name would imply, restricted to old persons. M. Dupuytren has termed the disease *gangrene symptomatique*, believing it to depend upon inflammation and consequent obliteration of the arteries of the limb—ossification of the vessels, to which it was formerly ascribed, being only an accidental coincidence; the treatment consisted in venesection, repeated according to the urgency of the symptoms, low diet, cooling beverage, opium and other sedatives, with emollient cataplasms, to the affected part. By this treatment the average mortality is said to be as one to four. Previous to amputating a part affected with long-standing disease, M. Dupuytren frequently established suppuration by means of blisters on some distant point. It was also his practice, after amputations, to wait an hour, sometimes longer, before dressing the stump; by this plan union by the first intention took place more easily, and the likelihood of hemorrhage was diminished.

In prolapsus ani, M. Dupuytren excised two, three, or more folds of the skin on the margin of the anus, on either side. A similar operation was recommended by Mr. Hey. No dressing is required, and the recurrence of the disease is effectually prevented.

Fissures at the margin of the anus may be divided into three kinds:—1st, those external to the sphincter, which are not very painful, and do not occasion spasmodic contraction; 2d, those situated within the sphincter, affecting principally the mucous membrane—this kind causes tenesmus, and great pain, especially on the patient's going to stool; 3d, those placed on the same level as the sphincter, are more serious and painful than the other kinds, which may generally be cured by simple dressings, emollient lotions and sedative applications; whereas this variety requires the division of the sphincter on the fissure. M. Dupuytren was in the habit of prescribing an ointment composed of extract of belladonna and acetate of lead, of each a drachm to an ounce of lard, for alleviating the pain in these diseases.

M. Dupuytren preferred excision to the ligature for the removal of uterine polypi, in consequence of the greater facility with which the former is effected, and the few inconveniences it occasions when compared with the latter method. The patient being placed in the same position as for lithotomy, a speculum is introduced into the vagina, so as to exhibit the tumor, which is then seized with a strong four-hooked tenaculum, with long handles (*pincers de museaux*), and gradually brought down through the inferior orifice of the vagina, the patient being recommended during the traction to strain as if in labor; on the division of the pedicle, the uterus immediately regains its usual situation. The operation is not in general very painful, and bleeding to any extent very rarely occurs.

M. Roux is justly considered as one of the most expert operators in Europe, and is the author of several works and memoirs on various points of surgery; he has simplified and facilitated the performance of some operations formerly but seldom undertaken, on account of the difficulties which they presented, as staphyloraphy, perineoraphy, &c. His manner towards patients is kind and considerate. M. Roux, however, in common with the majority of French surgeons, has seldom recourse to medicine in the treatment of surgical disease; hence, in my opinion, the greater number of operations, and the greater mortality among the operated in Parisian than in British hospitals. During the periods of my attendance in his wards, several interesting cases have fallen under my observation, a few of which I have recorded, as serving to illustrate his practice. Among others, was a fracture of the neck of the thigh bone, in a female aged seventy, in which the double inclined plane was used. Although M. Roux believes that this fracture unites by bone, yet in this instance, on account of the age of the patient, he contented himself with keeping the limb at rest until the pain and swelling subsided, after which she was allowed to get about on crutches, as recommended in similar cases by Sir A. Cooper. In fractures of the leg the limb is placed in the extended position, the ordinary apparatus, viz., the many-tailed bandage, and a junk, formed by a broad piece of linen cloth, passing beneath, and

enclosing narrow lateral splints, which are approximated to the limb, and fixed by tape bands; long compresses, or bags filled with chaff of oats, being placed within them, to prevent undue pressure. M. Roux (and, indeed, most of the Parisian surgeons) applies the dressings himself in important cases, and especially excels in the application of bandages. Dressings are for the most part simple; a linen rag, perforated with holes, and smeared with cerate, is applied to suppurating wounds, over this charpie, to absorb the matter, unless when this is too abundant, or the state of the wound requires it, in which cases poultices are employed. M. Roux prefers lithotomy in cases of stone, using the gorget or bistouri caché. In fistula ani he exercises the fistulous tract, after division of the sphincter: considering that this method prevents the recurrence of the disease. He operates for cataract exclusively by extraction, and only at stated seasons. One of the last operations which I had an opportunity of seeing M. Roux perform, was for a carcinomatous tumor of the tongue, seated near its root. As the part could not be reached by the mouth, the soft parts were divided beneath the lower jaw, by incisions extending laterally along the bone, and the tongue with the tumor drawn out beneath with the *pincers de museaux*. The diseased portion was then excised, and the wound was closed by sutures. The patient lost a good deal of blood, and fainted during the operation; he did not survive more than three days. A similar operation was performed with success by the professor of surgery at Pisa, Regnoli, which induced M. Roux to adopt it in this instance.

CASE OF PLACENTAL PRESENTATION.

[Communicated for the Boston Medical and Surgical Journal.]

SEPTEMBER 19th, 1843.—Mrs. S. T. has been very unwell since the fifth month of gestation, and has expected to be confined between the first and fifteenth of next month. It is her fifth pregnancy, three of which terminated at the full period, and one (the first) by abortion early in the fourth month. No serious hemorrhage has attended either of the previous labors. I was called to her first, July 6th, on account of hemorrhage after having fatigued herself more than usual, picking berries. It had stopped before my arrival, and I could not learn that any great amount of blood had been lost; but as there was increased excitement I bled her, and ordered rest and a low diet. Since that time she has had sudden gushes of flooding, sometimes when about her work, and at other times when asleep; occurring much more frequently during the last month, and attended with uterine pains, which have repeatedly led her to hastily summon her attendants, only to be dismissed after a few hours. I was called at 5½ o'clock this morning; learned that she had been taken with pains and hemorrhage last evening, and that the waters had been discharged about two hours since. She was lying in a puddle of blood, with cloths thick about and under the bed saturated with the same vital fluid. She was faint, pulse scarcely perceptible at the wrist; with a dusky, deeply-

flushed face ; livid lips ; heavy eyes ; and cold, doughy skin. Upon examination, *per vaginam*, I found my worst anticipations realized—the placenta entirely covering the *os uteri*, which with difficulty admitted the finger sufficiently to determine this fact. The contractions of the uterus were feeble, attended with weak infantile groans occurring from three to five minutes apart, and not attended with any perceptible hemorrhage. I considered her at this time too much exhausted, even if the *os uteri* had been sufficiently dilated, to permit the attempt to introduce the hand, and deliver by turning ; and much less likely would she have been to have borne the forcible dilatation of the uterine mouth. Accordingly she was kept perfectly quiet, and stimulants, as diluted alcohol, ammonia, &c., were moderately but steadily administered. Her pulse gradually improved in strength, and her pains became somewhat more expulsive, and at 10, A. M., the *os uteri* had attained the size of a dollar, and was soft and patulous. I was now about to commence the operation of turning, when a gush of blood, producing temporary faintness, convinced me that further delay would be extremely hazardous. Waiting a few moments for the faintness to pass away, I passed my left hand, previously oiled, into the vagina, and commenced detaching the placenta in the direction of the right sacro-iliac symphysis. No difficulty was experienced in its separation, nor in reaching the feet, except having occasionally to wait a short time for the now more frequent contractions of the uterus to pass over. The feet were brought down one at a time, and the delivery accomplished at half past 11, A. M., and a very slight loss of blood, just sufficient to dampen the cloth at the vulva, has as yet (12, noon) occurred. The uterus is contracted into its ball shape in the pelvis, hard and tender. The pulse are scarcely perceptible at the wrist ; the skin cold, damp and pale ; the countenance sallow and shrunken. She complains of great distress under the sternum, occurring in paroxysms, with a constant and at times uncontrollable restlessness. Every movement, however slight, is followed by faintness, and occasionally by nausea and vomiting. Prescribed perfect rest, with the head low ; free circulation of air through the room. Alcohol and chicken broth.

2 o'clock, P. M.—Have detected no hemorrhage. She is moderately improved in appearance and feeling.

3.—Still improving, pulse distinctly perceptible, though very frequent, from 150 to 200 the minute.

4.—Epigastric region bloated full ; eructates, bringing up without nausea the fluids taken into the stomach unchanged. More restless, evidently sinking.

5.—Declining still ; pulse imperceptible again ; great distress under the sternum ; uncontrollable restlessness.

7.—Has just expired—mind unclouded to the last.

Remarks.—Having thus given a brief history of this most melancholy case, which illustrates one of the most fearful forms of preternatural labor, it may not be unprofitable to review it carefully and see whether any means were neglected which, had they been used, would have improved the prospects of recovery. With regard to the delay in calling medical

aid during the night, I can only say it was contrary to my express directions about a week previous, when I last saw my patient before the fatal 19th. My fears were then stated to the family, and they were directed not to delay whenever hemorrhage should occur. Living about three miles from her, and anticipating what was in reality her condition, though I had been unable to determine it by an examination, I felt the necessity that probably would exist for decided action whenever uterine contraction should really commence. Cases of this character, fortunately, are rare; yet when they do happen in the country, more or less time must be consumed in obtaining medical aid, for the loss of which, though sometimes irreparable to the patient, no blame can be attached to the physician. The amount of blood lost before my arrival, though it had reduced her to a state of incomplete collapse, had not, in my opinion, at the time, rendered the os uteri safely dilatable. Force might have opened a passage for the hand, and with sufficient strength delivery might have been accomplished; but would the prospects of the patient have been made better? Even had she been so fortunate as to have sustained the first shock, would the danger of rupture of the uterus, or of inflammation consequent on the necessary violence of such a proceeding, have been counterbalanced by the prospective advantage? It is, I believe, under circumstances of this kind—amidst this very complication of difficulties—that the plug becomes for a time our sheet anchor; and though its value is here variously estimated by writers on midwifery—being approved by Le Roux, John Burns, Dewees, Davis, Francis Ramsbotham, &c., and opposed by Stewart, Gardien, Jas. Hamilton, &c.—yet if it produce but a momentary arrest of the current of blood, it affords an opportunity for coagulation, Nature's method of plugging up the bleeding extremities of the torn vessels. To effect this, requires but a moment, as the blood, at the period of labor, appears to possess in an eminent degree the quality of rapidly coagulating, a property which I do not recollect having seen noticed, yet of the existence of which I think any one will be convinced who introduces his hand into the uterus during flooding, and feels the discharged blood coagulating about it with the suddenness and energy of spasm. The plug takes advantage of this principle, for as the blood comes from vessels (or placental cells, according to J. Hamilton) in the immediate vicinity of the os tincæ, and is poured so directly into the vagina as to afford no opportunity for even the momentary delay requisite for coagulation to commence, it supplies this starting point, restraining the hemorrhage while the cervix dilates or becomes dilatable; or for the patient, when too much exhausted to permit the operation, to recruit sufficiently to undergo it. The plug, however, was not used in this case, owing to the flooding having ceased before my arrival. She was constantly watched, and but one small gush of blood took place, and that at the very moment when about to commence turning; an operation easily performed, and attended with the loss of an unusually small quantity of blood. Delivery of the child and secundines having been accomplished, precautions were immediately taken to prevent the further draining of an already exhausted system. Absolute quiet was enforced, a clth was ap-

plied to the vulva, and retained accurately in its place by a bandage round the limbs, and the hand was placed on the naked abdomen, following up the uterus till it contracted itself into a hard ball, and continued in that condition for more than two hours. No loss of blood was detected after delivery, and as the uterus remained hard while the patient for a time revived, I felt at rest with regard to further hemorrhage. Yet I now believe that my patient died from the loss of blood,* and that the quantity that decided her fate, though probably small, was lost after delivery. At the time I reasoned, that if no draining appeared externally, and the uterus maintained its ball-like contraction, nothing further could be lost to the system, and acted accordingly; but upon more mature reflection, I am convinced that, even with these precautions, and with the fundus and body of the uterus fully contracted, hemorrhage to an amount sufficient to destroy life, in one so much reduced, might have occurred, from the relaxed vessels of the cervix filling the recently distended vagina with coagula, and not a drop necessarily appear at the external orifice. It were worse than useless to regret an error or omission, if our future practice were not to be improved by it; and it is only from a scrutinizing review of the management of such cases as are constantly falling under our observation, that all that constitutes real experience is obtained. He that calls up and examines his unfortunate cases, honestly detecting his errors, and fearlessly looking them in the face, learns thereby to avoid them in future, and early becomes an experienced and skilful practitioner; while he who views such cases as fatal from necessity, the consequence of unblessed means, to be forgotten as soon as the grave covers their victim, will be likely always to have enough to forget. The use of the ergot suggested itself to me at the time, but owing to its not being at hand, was not used. Considerable time was lost in delivering the body and head, which might have been saved had this agent been employed, and a more complete contraction of the uterus obtained.

Another idea has been suggested to my mind, and that is, whether the patient's chance would not have been bettered by the entire removal of the placenta before proceeding to the delivery of the child. No hemorrhage occurred during the separation of the portion necessary for the introduction of the hand, and numerous cases are on record showing that frequently all further hemorrhage ceases on the separation of the placenta, and that the mother and child are occasionally both saved by such an effort of nature. In this country a case occurred to Dr. R. S. Kissam, of New York, in which the placenta was thrown off and expelled entire from the mother, and in about three minutes after a living child followed. Another case also occurred to one of Dr. Francis's students of the South, in which the placenta was expelled about an hour previous to the birth of the child; the mother did well.—(*Denman's Midwifery by Francis, Note, p. 560–61, Ed. 1829.*) It is in-

* It has been suggested to me that there might have been a laceration of the uterus; but the local and general symptoms of the case do not in the least indicate such a state of things.

deed almost the only way nature ever can complete the delivery where the placenta is implanted centrally over the os uteri, and accordingly the history of such cases is not rare. Smellie has recorded three, La Motte three, I. Ramsbotham has given three that came under his own observation, and two others communicated by friends. Baudelocque, Perfect, Merriam and Barlow each mention a case. Collins, J. Hamilton and F. H. Ramsbotham, each have met with two cases, and others are scattered through the various periodicals.—(*Francis H. Ramsbotham, Am. Ed., p. 340.*) Now, though it would be highly imprudent to wait for nature to complete the labor, which she would probably be able only occasionally to accomplish, yet, as a general rule, artificial aid is the most efficient that imitates most nearly the natural process. While the placenta is separating, the patient is in constant and imminent danger; but when once separated, and the labor, whether natural or assisted, is progressing, all hemorrhage ceases, and frequently the woman survives, though delivery may not be completed in some hours afterwards. In one of Collins's cases it was "ascertained that the placenta had been expelled the evening before her admission, and separated by a midwife in attendance." "She left the Hospital well on the 13th day."—(*Collins's Midwifery, Amer. Ed., p. 57.*) The separation of the placenta can be easily accomplished by the hand, and when once out of the way the labor can certainly be more easily completed either by the ergot or by turning.

S. A. COOK.

Buskirk's Bridge, N. Y., Nov. 6, 1843.

PHRENO-MAGNETISM.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

THE fundamental opposition of Mesmerism to Phrenology consists in the one being a science of Spiritualism; and the other, Materialism. It is true, some phrenologists profess to disclaim the imputation of materialism, and even manifest a degree of impatience lest the stigma which such a charge conveys may be fastened on them. The brain, say they, may be the material instrument of thought, and its separate parts may be the material instruments of separate faculties, and in the vague generality of the expression they hope to confound all those who would urge the obvious bearings of the system, as an objection against it. But phrenology is either sense or nonsense. The expression above quoted means either something or nothing. If the brain assists the mind in thinking, it must be by virtue of certain vital or physical properties which it possesses, conducive to that effect. If different parts of the brain assist different faculties of the mind in their exercise, it must be by certain physical or vital properties appropriate to each part. Each organ is possessed of a vital or physical endowment, distinct and specific, and different from the physical or vital endowment of every other organ, which enables the mind to manifest the corresponding faculty. There is, for instance, a peculiar vital or physical endowment—a sort of slate-and-pencil quality—in the organ

of calculation; a sort of clock-like quality in the organ of time; a patent-balance quality in the organ of weight; neither of which, of itself, marks time, or weighs, or calculates, but which respectively assist the mind in the estimation of number, time and weight. A different specific property enables the mind to judge of the harmony of colors, from that which enables it in the organ of tune to feel the harmony of sounds. This is what phrenology amounts to, in its final analysis. To this dilemma would those of its disciples reduce themselves, who seek to escape the imputation that matter thinks—a metaphysical assumption contradicted by the facts of consciousness, coupled with a physiological hypothesis at variance with every known principle of physiology: a multiple of faculties, where consciousness testifies to but one; a multiple of organs, where reason declares there should be but one, and observation reveals but one. It is true, by admission, the mind is a distinct entity; it is true, it is an immaterial principle; it is true, in short, that it has the power of estimating number, weight, time, tune, color, &c., and that these powers, in fact, form part of the very definition of mind; but yet there is a mysterious something, nobody knows what, that renders necessary the creation of thirty-six or more vital principles or new entities to enable these powers to act—that is, to be powers. This new paradox is to be incorporated in the second edition of phrenology. And all this relates to a part homogeneous in texture, uniform and continuous in structure, identical in chemical analysis—a part which the whole analogy of nature declares is one, and has but one vital or physical office to perform throughout the mass of material particles that compose it.

Now if the old maxim is true that nothing is formed in vain, we ask what need there was of the creation of these separate entities, after the creation of the mind and its separate faculties; or what need was there of the creation of the mind and its faculties, after the creation of these entities? It was not a sufficient violation of the rules of right reasoning, to cut up a part of the human body which all the analogy of nature declares to have the same office to perform throughout every particle composing it; but unphilosophical as it was, on the supposition that thought was an effect of matter, that the brain produced mind, to divide it arbitrarily into parts and assign to each of these parts a mental faculty, there was a bare possibility that there might be some principle of convenience or necessity, according to which nature chose such an arrangement. But the scheme which does this in the first place, and then assigns to the mind a distinct existence independent of these organs, and yet incapable of acting without them, is so opposite to the fundamental principles of all science, so much at variance with that instinctive principle of the human mind which impels it ever to diminish the number of causes, that nothing but the most overwhelming proofs will ever dispose it to rest satisfied with it. It will ask, and ask forever—If the mind exists, and its faculties, what need of the organs? If the organs exist, and their specific properties, what need of the mind?

The phrenologist is therefore much too sensitive, who imagines himself to be *reproached* when called a materialist. When he refers cha-

racter to the conformation of the brain ; when he considers education of value only as it enlarges certain parts of it ; when, under the necessary laws of material substance, he considers virtue as synonymous with good luck, and crime as one with misfortune, any idea he can have of mind, as an independent existence possessed of powers and susceptibilities, must be a feeble one, and he had better banish it altogether. We therefore beg leave to understand phrenology as understood by Spurzheim. It came into the world Materialism, and it will go out of the world Materialism.

That it is impossible to explain the phenomena of Mesmerism by any material hypothesis, must appear evident to any one who attentively examines the bearings of all the facts. The supposition that they can depend on any vital or physical property of nervous tissue, is set at rest at once, by the fact of the transmission of the Mesmeric influence where there is no nervous channel. The doctrine of a fluid ether, so captivating from its apparent simplicity, fails to give a complete account of the phenomena. If such a medium exists at all, it exists under the control of the mind, and plays but a very subordinate part. Does it comport with the doctrine of a fluid, or anything material, to be propelled by the volition of one individual upon another, when it is unknown to the first person to what spot under the canopy of Heaven to direct it. If the fluid knows the way itself, it is intelligent, and should be called mind. There are facts which seem to insinuate that time as well as space is annihilated in the Mesmeric sleep—some astounding, though well-authenticated statements, of somnambulists foretelling future events, or recalling the past with a fidelity which knows no mistake. But what kind of a fluid is that which flows forward a century hence, or takes its rise a century behind us ? Besides, the old-fashioned objection to materialism still holds good against this doctrine of a fluid, viz., the entire want of resemblance between the action of mind and matter. We may unravel electricity until we come to magnetism, and from these to light, and thence to a fluid ether double refined, and so on, *ad infinitum*, taking off envelope after envelope, without arriving at a single intermediate idea between it and thought, to bridge over the interval which separates mind from matter.

But if we suppose this fluid to exist in subordination to mind, and that the change in the mind's relations wrought by magnetism is confined to it (viz., the fluid)—a hypothesis maintained by Townsend—we are compelled at last to another supposition, more forced than gratuitous. This gentleman assigns to every thought in the mind a specific motion in the nervous fluid within the brain, which the mind perceives, and makes a sign for that idea, as it makes words stand for things. This knowledge comes by intuition. And having by Mesmerism raised the intensity of this fluid a thousand fold or more, and thus having given rise to a new series of nervous motions which are also to stand as signs, but which the mind, not being accustomed to, does not understand, he introduces a second process of intuition to enable the mind to learn the ideas which these new signs stand for. He does not seem to consider that it is just

as easy for the mind to learn by intuition the ideas these signs stand for, as the signs themselves, in the first place; and, in the second place, to call for a *second* process of intuition to give the mind a knowledge of these motions and the ideas they stand for, is making a great demand on the generosity of nature.

Such results as these show the utter futility of attempting to account for the operations of the mind by the laws of matter. A theory which would generalize the operations of the mind in somnambulism along with those in its natural condition, must be founded on an element common to both states. Does materialism afford such an element? No. Does spiritualism? Yes. We believe that it can be satisfactorily established that there is one essential prerequisite to every form of new knowledge which enters the mind. This universal antecedent is neither more nor less than an *act of attention* of the mind or agent itself. Nothing is more obvious than the fact, than all the internal operations of the mind are preceded by an act of attention. It is attention that associates facts together and gives rise to memory. It is attention that compares and produces judgments. And when any one of the organs of sense fails to perform its office, it is by attending to the sensations of another, that the mind supplies its place. The simple and relative suggestion, to which Dr. Brown reduces the mental faculties, and the defect in the comparing power, by which Dr. Conolly explains the various forms of insanity, are dependent on the degree of attention the mind is capable of exercising. In somnambulism the only fact apparent to observation, previous to the patient's seeing through opaque media, is an act of attention; and, what is more to the point, it is evident the greater the effort of attention the more perfect is the result. Under the ordinary condition of sensation, indeed, the exercise of attention is not so obvious. But when we take into consideration the circumstance that there is no connection between the physical motions excited on the nerves and the ideas subsequently arising in the mind, the supposition that these physical motions are intended merely to fix the attention of the mind, is as reasonable, *a priori*, as any other.

Some mental philosophers, as Dr. Brown and Cousin, assert, on the evidence of consciousness, that the mind must be active in sensation as well as in its other operations. If they are correct, this activity consists in the power of directing its attention. And we have the evidence of consciousness that an act of attention precedes every sensitive cognition in the mind. Now if we couple this with the last fact in the series revealed by observation, viz., a physical modification of a nerve, we have in the latter an universal antecedent, and in the former an universal consequent; and we are bound to consider them as cause and effect. A physical modification of a nerve, an act of attention, a sensitive cognition, is then the order of phenomena in ordinary sensation. T. B. C.

November 22d, 1843.

ALBANY MEDICAL COLLEGE.

Dr. March's Surgical Clinique, Saturday, November 4, 1843.

CASE 1.—Mrs. D. P. Lupus of nose, with ulceration extending to the fauces. This case has been under treatment for some time by local applications of nitrate of silver and creosote, which have succeeded in arresting the progress of the ulcerations. The hyd. potassæ, combined with the ext. of conium maculatum, was ordered as a constitutional remedy.

2.—J. R. P., the patient with a lacerated arm, was presented for the last time, the ulcers being nearly healed.

3.—The infant of Mr. J. V. A., last Saturday operated on for hare-lip, was to-day brought forward. Union by the first intention has taken place, improving the appearance of the lip in a great degree.

4.—P. M. Chronic ophthalmia, with considerable opacity of cornea. The patient stated that the opacity was slowly improving. Mercurials were advised, with a view of promoting its further absorption.

5.—Infant of M. S., æt. 8 months, was brought forward with talipes varus of both feet. An operation for the cure of the deformity was performed upon the left, by dividing the tendo-Achillis and the contracted margin of the plantar aponeurosis. The principles of treatment were explained.

6.—S. W., the gentleman upon whose left eye the operation for strabismus was done last Saturday. The operation has been perfectly successful. Some fungous granulations required touching with nit. argent.

7.—J. L., æt. 22, came forward for the relief of a deformity of the lower lip caused by ulceration. An operation similar to that required in hare-lip was performed, by removing sufficient to reduce the gap to the shape of the letter V. The cut margins were united by two sutures.

8.—T. P. Q., æt. 40 years. This patient had a vascular tumor, or an aneurism by anastomosis, upon the chin, projecting about three fourths of an inch. The sub-meatal arteries were greatly enlarged, as were also all of the arteries in its neighborhood. The whole tumor pulsated quite strongly, but all pulsation could be stopped by firm pressure around it. It was first discovered fourteen years ago. Dr. March proceeded to extirpate it by making a vertical incision through the integuments, and the diseased erectile tissue was rapidly dissected away. Several large arteries were divided, but the hemorrhage was controlled by the fingers of assistants till ligatures could be applied. Ten arteries required ligatures. To guard against the re-appearance of the disease, it was thought advisable to make the wound heal by suppuration and granulation. It was accordingly stuffed with lint, and dressed by compresses and roller.

Saturday, November 11, 1843.—CASE 1.—Infant of M. S., last week operated on for talipes. Much improved. Dressed.

2.—E. S., from Troy. Three weeks since received a cut near the ankle. It was treated as a simple cut, but has never united, while there has been a constant discharge of a limpid fluid. It does not communicate with the cavity of the joint, nor with the sheath of any tendon;

the discharge was considered by Dr. March to proceed from the open mouth of a lymphatic which communicated with the ulcer. For its cure he advised that the ulcer should be included within two semi-elliptical incisions and removed; the wound could then be united by the first intention.

3.—On Wednesday of this week Mr. L. K., of Essex Co., æt. 35 years, was operated upon before the class, for the removal of a tumor in the abdominal walls, which was found in the sheath beneath the rectus muscle; it was reached by cutting through the entire thickness of one of its bellies. It was about as large as a large chestnut, and was seated directly upon the trunk of a nerve, which accounted for the intense pain the patient experienced from motion of the abdominal muscles. The wound was to-day dressed. It has nearly all united by the first intention.

4.—E. McG.'s infant was operated on for club-foot by dividing the tendo-Achillis and plantar aponeurosis.

5.—Mr. J. L., upon whom the operation for the relief of a defect in lower lip was performed last Saturday, came forward to show the result. It united by the first intention, and greatly improves his appearance.

6.—R. C., æt. 16 years, from Madison Co. Immense lumbar abscess, which first made its appearance about a year since, although the patient has complained of pain in the loins for a number of years. He now appears to enjoy most excellent health, notwithstanding he is carrying about with him two or three quarts of pus. The management of such cases was explained by Dr. March.

7.—B. U., æt. 58 years. Organic disease of the heart. The symptoms presented by this patient were very clearly explained by Professor McNaughton, who brought forward the case. J. B. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 22, 1843.

Obstetric Auscultation.*—The Messrs. Langley, of New York, with their accustomed energy, have provided medical readers with a fine edition of a good English book, which should find a ready sale. It is a methodical treatise on *Obstetric Auscultation*, by Evory Kennedy, M.D.—a name quite familiar to those who read the professional writings of Europeans.

There is perhaps no better mode of pointing out the objects of the author, than by a simple catalogue of the topics discussed; which are: First—the evidences of pregnancy, viz., tangible evidences, visible evidences,

* *Observations on Obstetric Auscultation, with an analysis of the evidences of pregnancy; and an inquiry into the proofs of the life and death of the fetus in utero.* By Evory Kennedy, M.D. With an Appendix, containing Legal Notes, by John Smith, Esq., Barrister at Law. With notes and additional illustrations, by Isaac E. Taylor, M.D. New York: J. & H. G. Langley. 13mo., pp. 311. 1843.

audible evidences. Then follows a dissertation on compound pregnancy, complicated, pseudo, ideal and premeditated pseudo pregnancy.

An essential portion of the publication embraces an inquiry into the proofs of the life and death of the fœtus in utero. Many notes have been introduced by the American editor, Dr. I. E. Taylor, the value of which can only be understood by taking them in connection with the text. An appendix contains a series of legal notes by a gentleman of the bar, which is the poorest part of the whole. If Mr. Smith had given us a little information in regard to the laws against infanticide, &c., of the several States, he would have conferred a greater favor. Very few persons in this country, out of the profession from which he hails, care anything about the administration of the criminal law of Great Britain, or the decisions of tribunals there, unless they have a direct bearing upon those of the United States, or are cited for the purpose of showing the progress of legislation in matters of life and death, from an early period in European history. The idea of an appendix touching the criminal law, was excellent, but the execution of the plan in this instance is, in our humble estimation, a failure. It neither clears up obscurities, nor defines points essential to be understood by those for whom it was purposely designed.

Stethoscopic explorations have given the physician immense advantages in studying the true nature of many diseases; and it is the glory of this age to have made discoveries by the simple instrument, the stethoscope, which reveal secrets that were supposed by a former race of philosophers to be forever beyond the reach of man. By the stethoscope it may be positively determined whether pregnancy exists. Now this fact alone, under some circumstances, is of incalculable importance. One who is experienced in auscultation, may also detect the actual state of the fœtus, and decide the question of its life or death; and this, too, is a modern achievement greatly to be prized.

With this treatise, which Dr. Kennedy has made plain and comprehensible, we can acquire a branch of knowledge that cannot be omitted by the practitioner with any show of propriety. The plates, well drawn, are to the student, what charts are to a navigator—indispensable guides.

American Journal of Pharmacy.—On taking up the October No. of this periodical, we were reminded of the satisfaction derived from the perusal of a previous one. We fear that the merits of the Journal are not sufficiently appreciated, and take the liberty, therefore, of reminding the profession that there is an intrinsic value in this publication which renders it worthy of extensive patronage. It may have a wider range of circulation than supposed, though the number especially interested in the subjects upon which it discourses must be far less than those who aid and assist journals of a more miscellaneous or literary character.

Druggists and apothecaries—a numerous body in this country—should to a man take the *American Journal of Pharmacy*. If they would, it would have a direct tendency to elevate the craft. It would provide them, at regular periods, with a knowledge of the discoveries and improvements in their own branch of business, while it would create an appetite for research, and secure greater accuracy in compounding medicines and putting up prescriptions. It would exert another much needed influence. By the diffusion of pharmaceutic knowledge, nostrums would be brought down to their true level, and not be suffered to disgrace the shelves and

ware houses of so many establishments. As it is, death is sold in sealed bottles at an enormous profit, by those who should give a higher example of honesty and intelligence in trade.

Stearine.—Common lard, in modern times, passes through such a variety of transformations in the hands of foreign and domestic manufacturers, that it is quite difficult to decide, always, whether we have a new article with an old name, or an old acquaintance with a fresh one just coined from a Greek Lexicon. It goes out to France in barrels, packed at Cincinnati, and comes back in Florence flasks, the purest of olive oil; or, returning from London, nicely labelled in China boxes, it is bear's grease, fresh from the ursa major regions of inhospitable Russia. In Boston it undergoes a variety of scientific squeezings—and when the press is unlocked, the purchaser may have almost anything he calls for; viz., *stearine*, for frying cakes, or shortening for pies, deprived of all its oleaginous properties, which unnaturally fattened our forefathers, till they were sleek and slippery. Or, should he prefer spermaceti, there it is—cheaper than it can be extracted from whales. If spindles are to be oiled, or steamboats and locomotives are creaking from friction, nothing has been discovered equal to it for machinery. It is neither too hot nor too cold; is always soft, and yet sufficiently hard. It is fitted for all seasons, like the Irishman's mittens—which were warm and dry when they were wet and cold.

To be serious, however, *stearine* is announced to be infinitely superior, in culinary economy, to lard as it is ordinarily used. Is it so, or not? This is a question that can be answered better when consumers know more about it. From a slight opportunity for observation, we are justified in saying that *stearine* is a delicate article—and on account of being deprived of materials that had better be burned than taken into the stomach, it must be preferable to the unmanufactured animal fat. If there is nothing of importance in the looks of a thing, there may be in the taste, and it is certain that *stearine* does not have that rancid flavor which is a common property of lard after having been packed a few months, unless extraordinary exertions are observed, in this variable climate, to keep it from atmospheric influences.

Mr. H. R. Coburn, India st., in this city, seems to have outstript all others in the preparation of the *stearine*; since his has the whiteness of snow, and effectually resists any chemical changes, even in an exposed condition, under any modifications of climate. Those who have made trial of it, are loudest in its praise, and on the whole, we cannot resist the conviction that the discovery of a method of extracting the oil from lard, will prove to be of real value to mankind.

If our medical friends would have the kindness to note their observations upon the effects of *stearine*, as a food, and forward them for publication, they would confer an essential favor.

Dartmouth College.—A recently-published catalogue of this old and venerable institution, shows that the character of its medical department is still maintained in pristine vigor. It has been the good fortune of that school to have furnished a large number of very eminent medical men—the best evidence that could be adduced of the faithfulness of the faculty. The Hanover institution, it will be recollected, was the creation of the

late distinguished Dr. Nathan Smith, and from the period of its organization to the present day, there has been an annual uninterrupted course of medical lectures, alike satisfactory to the medical public and honorable to the College.

Widows and Orphans of Medical Men.—A short time since a dinner was given at the American Hotel by the New York Society for the relief of the widows and orphans of medical men. How honorable it would be for the physicians of Boston to fix upon some scheme for providing for the necessities of the same class of unfortunate sufferers in this city. The number is doubtless not as large as in New York, but that there are such persons here very deserving of charitable assistance, cannot be denied. If experience shows that the readiest way of getting at the pocket is by the stimulus of a dinner, how easily a good act might be accomplished in that way, that would make many now cheerless hearths, bright and comfortable through the inclemencies of the coming winter.

Encouragement of Medical Science.—In the doings of the celebrated British Association, it is recorded that certain sums of money are annually appropriated for the encouragement of scientific investigation—according to the importance of the subject, it is inferred. Now at the very last meeting, the past summer, £1207 was awarded on behalf of mathematics and physics—but chemistry has only £30! Mechanics, £250, and medicine, £10! This shows the little interest manifested in the progress of this essential department of human knowledge. In a word, the Association care nothing about the progress of medicine, whether it is forward or backward, an assertion which the ten-pounds premium fully establishes.

If as many heresies have found favor in England, as are patronized by the people in the United States, in medicine, it is not, perhaps, strange that the Council withheld the pecuniary encouragement within its power to bestow. Although that kingdom has its multitude of unprincipled quacks, it also has a great many physicians of the highest order in medical attainments, who give character to a profession that is in a measure disgraced and undervalued in consequence of the rude pretensions and impositions of those, in all civilized countries, who are neither learned, skilful or honest.

Delaware Medical Society.—The stated annual meeting of the Delaware Medical Society was held in Dover on Tuesday the 7th inst. On motion of Dr. Ridgely, Gove Salisbury, M.D., of Dover, was duly elected a member of the Society. On motion of Dr. Perkins, Wm. Hamilton, M.D., of Cantwell's Bridge, was duly elected a member. On motion of Dr. Ridgely, John Merrit, M.D., of Middletown, was unanimously elected a member. The above gentlemen having presented their diplomas, obtained license to practise medicine and surgery.

On motion the Society then proceeded to the election of officers for the ensuing year, when the following gentlemen were duly elected:—James Couper, M.D., *President*; Wm. W. Morris, M.D., *Vice President*; John D. Perkins, M.D., *Treasurer*; Wm. Cummins, M.D., *Secretary*.

Censors for New Castle County.—Lewis P. Bush, M.D., R. R. Porter,

M.D. *For Kent County.*—Isaac Jump, M.D. *For Sussex County.*—Wm. W. Stuart, M.D.

Board of Examiners for New Castle County.—Drs. Askew, Porter, Bush, Hamilton and Merrit. *For Kent County.*—Drs. Perkins, Cummins, Morris, Jump and Ridgely. *For Sussex County.*—Drs. Dingle, Maull, Derickson, Wolf and Stuart.

Visit of the Grand Duke Michel's Physician to Guy's Hospital.—On Tuesday Dr. Wylie, the immediate physician to his Serene Highness the Grand Duke Michel, paid an especial visit to Guy's Hospital, for the purpose of inspecting that establishment. He was received by Charles Aston Key, Esq. and Edward Cock, Esq., two of the principal surgeons, and was by these gentlemen conducted over the different wards and various domestic offices of the Hospital, and expressed his great approbation at the orderly and regular management which was visible throughout the whole of the arrangements, and the studied comfort displayed towards the suffering patients, whom casualty had reduced to become inmates. After going over the Hospital, Dr. Wylie inspected the anatomical theatre and museum, and much admired the numerous models and casts of the complicated economy of the human frame which are there displayed, the majority of which are the labors of Joseph Town, Esq., the surgical modeler to the Hospital. Upwards of two hours were occupied in the inspection, at the close of which Dr. Wylie expressed his intention of again visiting the establishment previous to his departure for Russia, on the return of his imperial master.—*London Paper.*

On the Employment of Belladonna in the Treatment of Phimosis and Paraphimosis. By M. DE MIGNOT.—M. De Mignot having derived benefit from the application of an ointment of belladonna in cases of phimosis and paraphimosis, recommends its employment in every case before having recourse to the knife. The ointment is made in the proportion of twelve grains of the extract of belladonna to thirty grains of simple cerate, and with this the prepuce is rubbed every hour. The dilating power of the belladonna soon begins to act, and in many cases an operation may be avoided. When the inflammation is violent, and the pain intense, he recommends to add a little opium and mucilage of quince seeds.—*L'Experience.*

NEW BOOKS RECEIVED.—*Nature and Treatment of Stomach and Renal Diseases*, by Dr. Prout.—*A Practical Manual of the Diseases of the Heart and Great Vessels.*—*Practical Medicine*, illustrated by cases of the most important diseases, by Dr. Galt.

TO CORRESPONDENTS.—A letter from Baltimore, Dr. Hubbard's case of Retained Placenta, and Remarks on Quackery, will have early attention.

MARRIED.—In Cohasset, Dr. Daniel Clarke, of Mount Blanc, Mich., to Mary Elizabeth, daughter of the late Rev. Jacob Flint, of C.

Number of deaths in Boston, for the week ending Nov. 18, 33.—Males, 16—Females, 17. Stillborn, 4. Of consumption, 5—hip complaint, 1—dropsy on the liver, 1—infantile, 2—lung fever, 4—typhus fever, 3—abscess, 1—measles, 3—inflammation on the lungs, 2—debility, 1—dropsy on the brain, 2—throat distemper, 1—apoplexy, 1—morbid irritation, 1—spasms, 1—disease of the brain, 1—cancer of the breast, 1—pleurisy fever, 1.

Under 5 years, 14—between 5 and 20 years, 5—between 20 and 60 years, 12—over 60 years, 2.

Tartar Emetic in Tardy Labor. By DAVID GILBERT, M.D., Gettysburg, Pa.—We are frequently called to cases in which labor has commenced, but the progress is slow, both on account of the insufficiency of the uterine contractions and rigidity of the os tincæ. These cases are most frequently found to occur in patients of tense fibre, and rather robust constitutions. Bleeding produces some relaxation, but rarely hastens the labor; since, in most instances, it does not add anything to the vigor of the pains. Several years ago, while in attendance upon such a case, wishing to expedite the labor, I felt a very strong desire to administer the *secale cornutum*, but was prevented by reflecting upon the well-ascertained effects of that powerful agent under such circumstances. The question whether some other article of the *materia medica* might not be advantageously exhibited, then presented itself to me. Relaxation of the *os uteri* and expulsive contractions, were the principal desiderata. Emesis in the commencement is always looked upon as a symptom of speedy labor; *ergot* also produces nausea, and frequently vomiting. In evacuating the stomach, the diaphragm, abdominal muscles, &c., are called into violent action: these same muscles aid the uterus in its expulsive efforts; hence emesis may be looked upon as a powerful means of exciting labor and producing efficient expulsive contractions of the uterus, because the same set of associated organs are in action; and such is the sympathy between the stomach and uterus, that contractile efforts are easily transferred from the former to the latter, the more especially since the uterus is about to take on such action of its own accord. Again, while emesis excites, and is accomplished in part by the associated contractions of the muscles constituting the abdominal parietes, it also produces relaxation of the other parts of the system, and of none more certainly than the *os uteri*, under these particular circumstances. Reasoning thus, I was induced to make a trial of tartrate of antimony and potass, in doses of half a grain the first portion, and then a quarter of a grain every fifteen minutes, until emesis; and as soon as retching commenced, the uterine contractions strengthened, and the labor terminated speedily. I have frequently used the tartar emetic since, and always with the most satisfactory results.

I was not then aware that this remedy had been used by Ramsbotham, who, speaking of rigidity of the *os uteri*, says that "antimony, in doses sufficient to keep up a feeling of nausea, has been exhibited in those cases with marked effect."—*N. Y. Journal of Medicine*.

Extirpation of the Salivary Glands in Animals. By M. BUDGE.—In his researches on the saliva, M. Budge constantly found that fluid alkaline, before as well as after a repast. This alkaline reaction was found to exist in animals even after a prolonged fast. To ascertain what effect the salivary glands had on the alkalinity of the buccal secretions, M. Budge extirpated the whole of the salivary glands of a dog, viz. the parotids, submaxillary, and sublingual glands of both sides. The dog survived the operation, but the buccal secretions were constantly found alkaline. When the dog was killed at the end of a month, the fluid of the stomach was found slightly acid. The same operation was repeated in a rabbit, and with the same success,—the buccal secretions remained alkaline.—*Medicinische Zeitung*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, NOVEMBER 29, 1843.

No. 17.

MEDICAL EDUCATION IN THE UNITED STATES.

From an Introductory Lecture by Prof. M. Paine, M.D., of the University of New York.

HERE, then, is the great foundation upon which the superstructure can alone be erected. Knowledge must be carried through the wide domain of our profession. Its *elements*, however, can never be sufficient for the exigencies of the healing art—can never resist that plausible simplicity which throws its fascinations around the chemical and other physical doctrines of life and disease, and will forever shrink from the stupendous and intricate philosophy which constitutes the true science of medicine. You must, therefore, aspire at the goal of medical philosophers, before you may comprehend or enjoy the philosophy of medicine. You must have willing minds, and steady purpose, before you will study the elaborate writings of its sages, and therefore, before those efforts of genius can bear with any practical effect upon the dogmas of ambition, or the errors of ignorance and superstition. “Books,” says Bacon, “can never teach the use of books;” and I may add that in proportion as they are concerned about difficult principles, so must the practical habits of life, and experimental observation through the wide domain of Nature, be brought to their interpretation, and an exposition of their uses. The mind must gather instruction through the same channels from which books of instruction have been derived, before we may comprehend the nature of the latter. Then shall you go on, with books and experimental observation hand in hand, to provide yourselves with a work of your own creation that shall surpass the most elaborate writings of any sage of our profession. For though, as said by Fenelon, “we admire with reason the invention of books, in which are presented the histories of so many facts, and which are the depositories of so many thoughts, what comparison is there between the most delightful book, and the brain of a learned man? There can be no doubt that this brain is a far more precious collection, and a much more beautiful invention than any book. In this little reservoir you can find, at any moment, every image that you desire. You call them, they come. You send them away, they hide themselves, we know not where, and others appear in their place. We open and shut our imaginations as we open and shut a book; as one may say, we turn over its leaves, we

pass suddenly from one end of it to the other. We have even tablets in the memory, to indicate the places where certain images may be found. But these innumerable characters, which the mind can read so rapidly, leave no traces on the brain. If you examine it, you see only a soft substance, a sort of cluster of fine and tender threads, and mostly water." If you analyze it with fire and acids, you get nothing but the mere elements of matter. The *presiding genius* evades the grossness of sense, alike in the hands of the physiologist, the anatomist, the chemist, and the medical philosopher.

Such is the book of books; and would you make the highest attainments in medicine, it should be a compound of many written books, and replete with inscriptions by the hand of Nature. It may not, however, be easy to indicate the amount of knowledge or of intellectual labor which is necessary to form a medical philosopher. This will depend much upon natural endowments, upon opportunities of observing nature, and the mode in which these opportunities are employed.

You are inducted over the threshold of medicine by the standard elementary authors; and you are farther initiated by lectures at our public institutions. But, at the very onset, you meet with error as well as with truth; and it is only by systematic perseverance, by rising from elementary authors to the lecture rooms of medical teachers, where principles are variously examined, and ascending to the elaborate writings of the great masters of our art, and then by applying to the whole the test of your own observations of nature, that you can separate what is true from the false, and acquire that proficiency in medicine which ensures the greatest practical success.

These propositions are too plain to be controverted; and it now only remains to ascertain whether there be any condition of society which modify the requirements that are enjoined upon physicians by the highest and holiest dictates of the healing art.

Wherever man exists in a state of society, *there* will always be the professional ministers of relief to his suffering and disease. This is even true of the wandering Arab, and of the most abject and superstitious of our race. To them nothing accrues but the havoc of ill-directed means, or, at best, the hope that is inspired by incantations and charms. These are the lobelia empirics of our own land; and whilst we regard with sorrow the unhappy destinies of our benighted brethren of the woods, or of the hovel, the victims of an obstinate delusion, where knowledge and Christianity prevail, scarcely deserve a passing sympathy.

Since, therefore, practitioners of the healing art, whether for good or for evil, must abound in all assemblages of men, it is obvious that provisions should be made for the diffusion of medical knowledge as far commensurate with the vastness and the difficulties of the science, and with its relations to the human welfare, as the circumstances of each society will admit. There should be no limit to those requirements which humanity enjoins, and which education supplies, unless imposed by the common exigencies of society; and these are alone of

a pecuniary nature. Where wealth abounds, as in the various states of Europe, medical education should be carried to the very stretch of the principles which I have suggested; and it is a scandal to their society that imperfections are tolerated in any shape. The diffusion of wealth should insure to every country in Europe an overflowing profession conversant with every useful department of science, and accomplished in the philosophy of medicine.

This, I believe, is, to a large extent, an undoubted proposition—so undoubted that there are not wanting many who would make this triumph of wealth a standard of requirements in our young and comparatively necessitous republic. Here, too, our institutions go for the equality of man, and legislation proceeds upon this conciliatory, however unfounded, principle. Whilst, therefore, medical education may be encouraged by provisions that do not conflict with the fundamental declaration of equality of rights and intellect, there will ever remain, whilst the doctrine remains, a passive, but licentious indulgence of the lowest quackery. Such will not only be the inevitable result of a principle adopted from policy, and which did better cause than the artillery of war, but the whole people being the arbiters of principle as well as of law, the majority will be slow to relinquish a concession so flattering to pride and so inflammatory to ambition—and, as you know, there will still be multitudes who will ride into power upon these infirmities of our nature, and who, when once in power, must sustain the fiction which gave them elevation. However, therefore, whatever is good in our republican institutions may surpass all other systems of social compact, we may make up our minds that medical quackery will receive at least the indulgence of our legislators.

This fundamental evil separates us still more widely from European states than the wealth and the leisure which give them an ascendancy in literature and arts; and whilst, therefore, the latter may hold replenished the profession of medicine in its highest advances, their legislators, without fear and with a good conscience, may extinguish a pestilence which is more desolating to the human race than that “which walketh in darkness,” or all the ravages of war.

Thus, then, we destroy the parallel which has been attempted between our own and European states, and show it the merest fiction of the visionary mind. Exact from our physicians the intellectual culture, and rear in this land the high standard of medical acquirements, which are so noble and fascinating in some of the schools of Europe, and quackery would reign almost universal from one end of the continent to the other. Is not the whole multitude, whether rich or poor, pressing forward either for greater wealth, or for the pittance of their daily bread? Nay, more, do not all our medical colleges hold out the temptation of moderate fees, and give, in their annual announcements, a conspicuous place to the *humble charges for the necessities of life*? But what are these, compared with the expenses attendant on the prolonged and higher grades of academic and medical learning in some of the European states? And who does not see the inconsistency that would hold

in one hand professions of cheapness to allure the student through our present system of medical discipline, and threaten with the other augmented fees and an impossible exaction upon time? The same principle, too, runs through all our primary schools, our academic, collegiate, legal, clerical and political institutions. Cheapness of education, and a corresponding adaptation of time, are found indispensable to the general condition of society.

The question is, therefore, settled on the immutable principles of truth—of a truth which is founded in the exigencies of our country. We have not the means, we have not the leisure, to follow the standard of European wealth; nor can we control our destinies by European legislation. He, who, in America, aims at the profession of medicine, with honors and dignities as inviting as in the aristocracies of Europe, but less seductive than the allurements of wealth, comes from a class where the blandishments of the latter have no existence. He has worked his way from elementary schools through the higher departments of academic learning, under the frigid discipline of poverty, and he enters our halls of medical education with little else than the hope that his career may not be arrested by insane exactions, now, for the first time, borrowed from the overgrown wealth of Europe, and her old and rich institutions. Looking back upon my own fortunes in life—looking around upon what I everywhere witness, I sympathize, most deeply sympathize, with this class of the American family.

Raise, therefore, beyond a certain limited poise, our standard of absolute requirements, and I repeat it, with no fear of contradiction, we shall turn from our medical schools most of their aspirants into more humble channels, or into the walks of empiricism. The exigencies of American physicians demand an early application to the business of life. If we would cultivate the field of medicine, we must look for an early harvest, or, my word for it, it will soon be overrun with weeds. But these necessities by no means preclude the highest advancement in medical attainments. When the harvest begins, then is the time for the most salutary stimulus of ambition; and whoever yields to its spur, will find abundant opportunity to carry his knowledge to the highest stretch of his intellectual constitution.

* * * * *

The medical students of the United States, who aspire at the honors of the profession, may be divided into three classes. One of these resort to the country schools, where lectures and board are low, though scarcely lower than in our cities. The advantage gained, therefore, consists in a more limited term of instruction, which diminishes expense, and often enables the graduate to enter sooner upon those practical labors which call loudly upon his attention. He goes forth, however, from these minor institutions with a fund of knowledge of immediate and salutary application, and which is capable of growing into a mine of inestimable value.

A second class are blessed with more ample means; and after husbanding their resources at one session of a country institution, they

seek, at the next, the higher accomplishments which are to be found in the cities.

Lastly, come the aristocrats of our profession ; made so through the difference of a few dollars, by those noble attainments which that little disparity in fortune qualifies them to bestow upon themselves. It is the aristocracy of mind and education—the only aristocracy which can advance, one iota, the dignity and the worth of man.

Here, then, we have a system of medical education remarkably adapted to the exigencies of our country ; and for the very reason that it has sprung from those exigencies, under the stimulus of a general diffusion of knowledge, and the indomitable enterprise and ambition of our countrymen. Instead of deficiencies, it is only astonishing that a nation, just rising from its infancy, should have carried the general diffusion of knowledge far beyond any of the most enlightened states of Europe, should have reared more temples for the higher branches of education than can be found in all Europe together, should have its twenty-eight medical colleges, in most of which there are professors who do honor to the departments over which they preside.

Nor are there any institutions more important than the *country* medical schools, since these are adapted to the means of a large class of students, who, without them, would either make but humble attainments, or seek other channels for the business of life ; whilst, as I have shown, the places of the latter would be supplied with jugglers and empirics. Nay, more, a large proportion of our second class, such as divide themselves between town and country, wanting the facilities of attending, at first, a minor course of lectures, and not having the ambition which is there inspired, would never seek the higher advantages of our cities ; but, in hopeless despair, would turn themselves to some other employment, or be compelled to dispense with the important advantages of public lectures.

The more, therefore, we consider this subject, the more we shall see the calamitous extent to which medical education would be reduced, or gross empiricism entailed upon society, were it not for our country medical schools ; and it therefore follows, as a necessary axiom, that the standard of requirements cannot be increased in those institutions without equally defeating their objects.

It is therefore, also, as palpable as demonstration can make it, that our present system of collegiate medical instruction should remain without essential change in its *absolute requirements*, till such change can be sustained by a more general increase and diffusion of property, and by that diminished zeal for wealth which only follows its accumulation in the hands of many.—*New York Jour. of Medicine.*

COLONY OF INSANE AT GHEEL.

In my last, I alluded to the exclusive treatment of the insane by moral means : this is carried out on a large, though somewhat rude scale, at

Gheel, a village some leagues from Antwerp, where numbers of the insane are placed, to lodge with, and to share the labors of, the inhabitants. As this colony has not been heard of by the great majority of the profession in England, some details respecting it may not be unacceptable, for which, as I have not myself visited the place, I must be indebted to a *brochure* lately published by Dr. Moreau, Physician to the Hospice of Bicetre, who kindly sent me a copy of it from Paris.

Gheel is situated in an extensive district of Belgium known by the name of the *Campine*, the plains of which are uncultivated, covered with brushwood and fir trees, except in the immediate neighborhood of the towns and villages, where the land is in a high state of cultivation. The *Campine* has been termed the *Siberia of Belgium*.

Gheel is in the centre of this tract of country, isolated, separated from other habitations by an extent of several miles of waste land, which greatly facilitates the superintendence of the patients, inasmuch as, from the difficulty of progressing through the brushwood, those who attempt to escape must follow the high road, on which they are easily recognized and stopped. At Gheel, the insane, who were formerly treated elsewhere in so barbarous a manner, have, during several centuries, lived almost free in the families of the inhabitants, under the patronage of the saint by whose means they expected to be cured, traditions agreeing in ascribing the origin of the colony to the martyrdom of the daughter of a king of Ireland, who sought refuge in the neighborhood of Gheel, at the close of the sixth century, to escape the persecution of her father, and who, after her death, was canonized. For a long period there was no other physician in the colony; and nevertheless, the prayers of the families were sometimes heard, and cures were effected. In those times of ardent faith, religious practices were calculated to exert an immense influence over the mind of the patient. At the present day, however, recourse is had to Saint Dymphne in order to obtain a patient's cure, in those cases only when a wish to that effect is formally expressed by his family.

The reputation of Gheel as regards the cure of insanity has always stood high, and the miracles operated in their favor by means of the intercession of the Saint, attracted patients from all the surrounding countries. The colony, however, has only been well known since the eighteenth century, at which period it was visited by distinguished men from other countries, among whom was the worthy successor of Pinel, Esquirol, whose principles, as exposed in his *Traité des Maladies Mentales*, were doubtless partly derived from his inspection of Gheel. An asylum, says this distinguished physician, ought to resemble as much as possible, by the disposition of its localities, ordinary habitations. All that savors of constraint or mistrust, all that might excite in patients the thought that they are forever separated from society, ought to disappear. The classification of the patients according to the nature of the alienation is one of the most important conditions of the treatment. Hence the necessity of numerous divisions, which admit of the avoidance of confusion. The colony at Gheel is but the realization of these principles,

the essential basis of all treatment ; and there, as is always the case, facts have preceded theory ; chance has gone before the discoveries of science.

In 1803, M. de Pontecoulant, the Prefect of the Dyle, who was doubtless struck with the immense advantages which the colony presented for the placement of the insane, thought, as he expressed himself, that he fulfilled a duty towards humanity in adopting, with reference to these unfortunates, a refuge recommended by the success of long experience. He consequently caused all the insane in the hospitals at Brussels to be sent there ; and the example was soon followed by Malines, Louvain, and other towns of a secondary class. When Belgium was united to Holland in 1815, the eastern provinces and Flanders sent a considerable number of insane to Gheel. Lastly, Namur and Luxembourg made arrangements with the municipality of Gheel for the reception of other patients.

While the colony was making so rapid an increase, its interior organization ought at the same time to have been duly considered, and means should have been taken to regularize so great a number of individuals. Unfortunately it was not so ; Gheel was only a depot—a sort of Botany Bay—to which Belgium sent those patients who, after having been treated for a few weeks in one hospital or another, were reputed incurable. They were there forgotten ; and those only left the place who, being restored to health, and conscious of their cure, were permitted to return into society.

“ It is very true, as stated in the report made to the Communal Council of Gheel on the 19th November, 1838, that this state of matters has, at all times, awakened the solicitude of the magistrates of the Commune ; but most of the police regulations were out of date, and had fallen into disuse. Serious abuses had crept in ; the direction of more than seven hundred insane was, so to speak, committed to chance. The same neglect occurred with reference to the administrative and medical departments : the insane were placed in the colony, and quitted it cured without the knowledge of the authorities ; no account was given of the patients by their families ; methodical treatment had become impossible ; the colony was a vast field of observation, uncultivated and useless to science.”

The censures expressed in the public papers, by foreign and Belgian medical visitors, caused the institution to fall into a well-merited disrepute, and even compromised its existence : a serious and radical reform had then become indispensable ; and the Council consequently adopted, in 1838, a police regulation of administration and superintendence, upon the basis of a medical direction.

There are no less than 9000 inhabitants in the Commune of Gheel, a large portion of whom reside in hamlets at a greater or less distance from the central village. The insane (men and women, the number of which is about equal) are distributed over all the parts of the district. All the inhabitants, whatever be their position or avocation, may receive patients into their houses, according to agreements made with their families, or from the hospitals of Brussels, Malines, &c. Most of the patients are supported at the expense of the Government. The price required for

board and lodging varies according to the accommodation. It seldom exceeds 300 florins annually, or is lower than 100. Each patient is placed under the direct superintendence of the person to whom he is confided; this individual (*nouricier*) must supply the patient with wholesome and abundant food, a clean and well-aired lodging, a good bed, &c.

Monomaniacs, with an evident tendency to homicide, or to incendiarism, are not received at Gheel.

All the insane are inscribed upon a register upon their arrival, together with such details and peculiarities of their case as could be obtained. In such an establishment the superintendence must be active, unceasing, prompt in chastising offenders, and in encouraging good actions. It must have an eye, day and night, upon the patient and the person to whom he is confided. Doubtless this superintendence cannot be so easy in a colony as in an asylum; but being shared by a sufficient number of individuals, and developed in its means of action, it will be able, without difficulty, to repress abuses, to protect each member of the colony against the neglect or ill-treatment of his host, no less efficiently than in establishments where the patients are trusted to *infirmiers*. There is no patient at Gheel who has not a commission of superintendence, or a director, to watch over him. The general superintendence is vested in the local administration. The hospices, towns, parishes, or private individuals, who place patients at Gheel, may appoint special commissions of superintendence, or may nominate individuals for the purpose, at their own choice and expense: these special superintendents are, however, under the control of the College of Burgomasters.

The different members of the commissions are charged to visit the patients frequently, and without previous notice: the entrance of each house is at all times open to them. They see the patient, inspect his room, his bed, receive his complaints; in a word, obtain all the information which may conduce to ameliorate his position. If the host is in fault, the patient is removed and placed with another. Should he have struck or ill-treated his patient, unless he can prove that it was done in his personal defence, he is declared *infamous*, and unfitted to receive any more lodgers. The insane share the labors and the daily occupations of the families in which they reside. Some even contract such a liking to the mode of life that they voluntarily remain after having recovered their reason. The majority walk about the village and in the environs, with almost as much freedom as the other inhabitants; but in accordance with the regulations, they cannot go out before six in the morning in summer, and eight in winter; they must return home at four in the afternoon in winter, and at eight in summer. Each *nouricier* is bound to enforce this regulation under the penalty of a fine. Those individuals, however, who are known to labor under a harmless kind of alienation, and whose conduct is peaceful, are exempted from the strictness of this law; but in no case are they allowed to be out at night. Each patient going to church is accompanied by a member of the family.

With the exception of these restrictions, the patients enjoy all the ad-

vantages of society, of which they are even useful members. In fact, the colony supplies hands for agriculture, for various industrial pursuits and professions, while, at the same time, the mind of the patient is diverted and occupied, which cannot fail to contribute powerfully to their restoration. There are at Gheel not merely workmen of all kinds, but even teachers of languages, of arithmetic, drawing and writing. There is a harmonic society, which was founded by one of the patients. "I assisted," says Dr. Moreau, "one evening at a vocal and instrumental concert, and was struck with the precision and the unity of the execution."

The entrance to the smoking houses is not prohibited to the patients; and it is not uncommon to see them there quietly smoking their pipe, with a pot of beer at their side; or playing at cards, billiards, or some other game. Abuses are prevented by fining the inn-keeper in whose house a patient may have become intoxicated.

"Although," continues Dr. Moreau, "I have had much practice with the insane, and have, since 1827, lived almost constantly among them; although I cannot forget that every day, at Charenton, thirty or forty patients, of both sexes, meet in a public room, where music and different games procure them agreeable diversions, yet I confess I was surprised to see them at Gheel, walking about freely in the streets of a large village, and in the country, mixed with the inhabitants. I was especially surprised at the little notice which they attracted even from the children, whose attention is not excited by the extravagancies of some of the patients at Gheel: one is born, so to speak, a superintendent of patients. It is *traditionally*—by the experience of predecessors—that the wants of the insane are known; the art of ruling them, which is so difficult, the Gheelois possess, in great measure, without being aware of it; because it forms part of the habits of their lives. The great liberty which the insane enjoy at Gheel cannot then be attended with much inconvenience, since, after all, they are constantly watched by numerous and intelligent keepers."

In our hospices, high walls, a strict superintendence, keepers placed at the entrance of each division, are not always sufficient to prevent evasion. With what perseverance do not almost all the inmates ask for their liberty! how greatly do they not torment and agitate themselves in order to regain it! Hence it is natural to suppose that the number of those who escape from Gheel would be large; and yet it is only, on an average, seven or eight annually, out of more than seven hundred individuals. This number is so small that it might be supposed incorrect if the statistical returns for several years did not confirm its truth. On considering, however, the disposition of the insane, there is nothing to occasion much surprise as regards this point; the patients at Gheel perceive that they enjoy almost as much liberty as the inhabitants whose employment they share. Whatever be the ideas they may entertain as to the causes which brought them to the place, the idea of a prison—of forcible detention—does not arise in their minds so easily as when they are shut up in the court-yard or sleeping wards of an hospice, together with other individuals subjected to the same regimen and to a uniform mode of life. The privation of liberty

being scarcely felt, they do not think of forcibly obtaining a good which appears to be at their disposal. Precautions are, nevertheless, taken against escape. If a patient manifests a fixed resolution to run away, or has already made the attempt, he is not on that account constantly confined in a room; but a rather heavy chain, the ring of which is covered with leather, is fixed to his leg, so that he still enjoys considerable liberty in walking about.

Those patients who exhibit a disposition to suicide, and epileptics, are subjected to a special superintendence. Suicide is rare in the colony, which is more to be attributed to the mode of life, the continual occupation, and the degree of freedom enjoyed, than to the direct superintendence. One patient killed himself in 1840, and one in 1841.

Those patients who are violent and dangerous are placed out of the way of others; but these cases are rare in the colony; the reason of which is to be found in the liberty which they still enjoy, notwithstanding their state of excitement, and which the nature of the locality admits of. It is now known that the best means of calming the agitation, the fury, of a maniacal patient is to allow him, as much as possible, freedom of action. This agitation, this fury, inevitably increases in proportion to the efforts which are made to repress it, and ultimately terminates in incurable stupidity. When, however, a patient is unmanageable, the *camisole*, or even chains, are allowed to be made use of at Gheel, upon the representation of the physician to the administration that these means are requisite.—*Mr. Lee, in London Medical Gazette.*

EXTRAORDINARY RETENTION OF THE PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following of any interest, it is at your disposal.

I was called, October 11th, at 3 o'clock, P. M., to Mrs. C. Found her in bed, face flushed; pulse excited; pain in back, hips and across abdomen, with intervals of partial ease. Some coagula of blood had been expelled per vaginam. Considered herself eight or nine weeks pregnant. Previous to my visit had been some loss of blood for three or four days, but without much pain till within a few hours. Prescribed p. ipecac. comp., and camphor in pills.

12th, 8 o'clock, A. M.—Pills stopped uterine action; slept through night; pains now returning, with bearing down. No medicine to be given through the day. At 10, P. M., found her with severe bearing-down pains, accompanied with increased loss of blood, shivering, faintness and great pallor. Gave her ten grains p. secale cornut., with small quantities of camphor and water.

13th, morning.—Entirely free from pain. Pains ceased almost immediately after my last visit; hemorrhage moderate. Said she thought it was "all over with." Fœtus I did not see, as it had been removed.

14th.—Seemed doing well. Did not see her again till 17th, when I

found her up ; appetite good ; flowing nearly ceased ; and I discontinued my attendance.

24th.—Was called again at 2 o'clock, P. M., to Mrs. C. Pain across lower part of abdomen very severe, and with scarce no intermission. Said she had been very well for some days, that she had exercised a good deal about the house in the morning, and had eaten a hearty breakfast. About 10 o'clock, A. M., pains, with slight discharge of blood, came on again suddenly, and had increased till I saw her. Pains seemed more like violent colic than common labor pains, though there was a disposition to bear down. Face pale ; extremities cold ; frequent, but ineffectual efforts to make water ; hæmorrhage, very little. Thinking that the pains were caused by a collection of coagulated blood brought on by over-exertion, with perhaps some prolapsus uteri, directed *spt. nitr. dulcis* and *tr. opii*, with warmth to extremities, and in the course of two or three hours she became comparatively comfortable, though not free from pain, for which I gave *p. ipecac. comp.* to be continued till she was easy.

25th, morning.—Nearly free from pain ; water free ; flowing very nearly ceased ; bowels costive. Directed *magnes. calcin.* for cathartic.

26th, morning.—Free from pain. Said something more had come from her soon after the operation of the magnesia, which, on examination, I found to be a perfect placenta three or four inches in diameter, and beginning to be putrid. This most satisfactorily accounted for the symptoms of the 24th. From this time her restoration was as rapid as could be expected.

Is it not remarkable that the placenta should have been retained nearly two weeks after the expulsion of the *fœtus*, without pain or any disturbance of the system, the health seeming entirely restored before the placenta was thrown off.

In such cases as the above we see with what safety we can trust chiefly to the natural powers of the system, when a meddling interference would be, to say the least, entirely useless, if not positively hurtful. Young practitioners, I have no doubt, often give themselves a great deal of uneasiness very unnecessarily, and resort to much remedial treatment, in cases that would do much better if most of their officiousness was withheld.

Mrs. C. is the mother of a healthy girl nearly 6 years of age, and was delivered last April of a dead seven-months' child, and in both of her previous confinements she informed me that it was very difficult to get the after-birth from her ; but from what cause I do not know, as she was not then under my care.

GEO. HUBBARD.

Boston, Nov. 20th, 1843.

NEW HAMPSHIRE MEDICAL INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

THIS Institution was established, in connection with Dartmouth College, in 1798. The late Dr. Nathan Smith was elected the first, and at that

time the only "Professor whose duty it shall be to deliver public lectures in this University on Anatomy and Surgery, Chemistry and *Materia Medica*, and the Theory and Practice of Physic." Dr. Smith received his first impulse to study medicine from witnessing a "surgical operation performed by Dr. Josiah Goodhue." It is not surprising, then, that surgery should have been his favorite science. So fully sensible was he of the importance of correct surgical knowledge to the general practitioner, that he devoted himself, with untiring energy, to this department, and used frequently to say in his lectures—"There are many good physicians in the country, but few surgeons." To improve this department he early established a surgical clinique, at which advice was given, and operations performed, gratis. The benefit of this has been incalculable, both to the medical profession and to the public at large. Hundreds of the suffering poor have been rescued from an untimely grave, or relieved from deformity which made life a burthen. In almost every State in the Union, operative surgeons of eminence and skill may be found who have received their first lessons in the art at this Institution. The successors of Dr. Smith, Drs. Perkins of New York, and Mussey of Ohio, were both, while connected with the Institution, eminent surgeons. Dr. Mussey spent twenty-four years of the best part of his life in the service of his *Alma Mater*. He gave increasing interest and importance to the surgical clinique, by making arrangements for the accommodation of patients, and for the further treatment of those upon whom he had performed important operations. Two of the most important were the tying of both carotids and the removal of the scapula and clavicle. I trust the zeal of the Guardians and of the present Faculty to keep pace with the improvements in science, has not a whit diminished, and the number of persons annually resorting to this place for operations is sufficient proof of the benefit and importance of the surgical clinique.

The operations are performed in the anatomical theatre, the seats of which are so arranged that every person present has a good opportunity to see distinctly the successive steps. The students are called on to assist in all cases, giving them an opportunity to acquire dexterity in the application of ligatures and dressings. Thirty operations were performed before the medical class during the term that has just closed; a list of which, with remarks upon some of the cases, is given below.

Lepoid tumor upon the left cheek	-	-	-	-	-	1
Scirrhus of the left breast	-	-	-	-	-	1
Enlarged tonsils	-	-	-	-	-	6
Cancer of the under lip	-	-	-	-	-	1
Polypus nasi	-	-	-	-	-	1
Strabismus	-	-	-	-	-	7
Cataract	-	-	-	-	-	3
Amputation of little finger at metacarpal articulation	-	-	-	-	-	1
Sarcomatous tumor from the upper and back part of thigh (a)	-	-	-	-	-	1
Steatoma deeply imbedded among the tendons of the wrist	-	-	-	-	-	1
Torticollis	-	-	-	-	-	2
Removal of a painful cicatrix from the top of the right foot (b)	-	-	-	-	-	1

Epulis, very large, requiring the removal of most of the alveolar process on the right side of the upper jaw	-	-	1
Hare-lip	-	-	1
Extirpation of the submaxillary gland	-	-	1
Amputation of the right leg	-	-	1

(a) Horatio Wheeler, aged 51, Randolph, Vt. This patient was operated upon by Dr. Mussey, in 1818, for osteo-sarcoma, located upon the right hand. In 1831 Dr. M. amputated the right arm at the shoulder-joint for the same disease. It appeared again upon the scapula and clavicle, and in 1837 Dr. M. removed both these bones. In 1839 he presented himself again, with a tumor of the same character, which I removed, occupying, as I judged, a portion of the pectoralis major, left at the previous operation. The tumor recently removed had nothing resembling cartilage or bone in its structure. He has good health and fine spirits, and is an active and useful man; and shows, by his unshrinking fortitude, that severe operations "are nothing after one gets used to them."

(b) Mr. Eastman, aged 40. This man fell upon his back, producing palsy of the parts below, followed by enlargement of the spine at the seat of the injury. Recovering so as to be able to walk, he fell and bruised the top of the right foot, which gave him great pain at the time, and which he says has continued without a moment's interval for eleven years! An ulcer had existed at the point of pain a part of the time. I removed the cicatrix, but no relief followed. Having, as he said, given it a great deal of medicine and eleven years' time, without benefit, he was now determined to have the limb removed. The wound has not quite healed, but he is free from pain.

DIXIE CROSBY.

Dartmouth College, Nov. 18, 1843.

INTRODUCTORY LECTURES IN BALTIMORE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I had the opportunities and the pleasure of hearing the introductory lectures of several of the professors in the medical institutions in this city: and as it comported with my inclination, as well as with the business and pursuits of my life, I cheerfully embraced these opportunities.

The first of these lectures that I heard, and the only one which circumstances permitted me to hear in "the College of Medicine of Maryland," was delivered by Professor Hall, on the subject of hygiene. The subject was dextrously handled, and the lecture was very interesting, and appeared to give universal satisfaction to a crowded audience. This gentleman has occupied a chair in the institution almost from the time of its establishment. Something, therefore, of more than ordinary interest might well be expected of him: and I should suppose that in this his hearers were not disappointed. If, however, this effort fell anything short of his general reputation as a lecturer, it certainly possessed great merit.

The second lecture I had the pleasure of listening to, was in the youthful institution devoted to the art and science of dental surgery. It was from the pen of Professor Harris—an experienced practitioner in the line of his vocation. This production, I would say, was rather too replete with imagery, even for an introductory. But it was, nevertheless, very good, and highly creditable to its author. His views were correct, his sentiments excellent, and his style elegant and poetic. His subject was appropriate, although much radiated. His illustrations were apt, strong and beautiful: and he gave additional life to the subject by infusing into it the spirit of his own lofty enthusiasm.

Professor Harris enjoys, I believe, the credit and satisfaction of being a principal, if not the chief and primary agent in founding the College of Dental Surgeons in this city. And that credit and satisfaction are enhanced greatly by the consideration that it is the first and only institution of the kind in the United States, or, as far as I know, in the world. He takes high ground for this department of science, and ranks it second to none connected with the healing art. And no doubt, if his arduous exertions and laudable ambition for its success be properly patronized and sustained, this institution is destined to attain an eminence commensurate with the importance of the knowledge it is designed to impart; and perhaps beyond the expectation now entertained by its most sanguine friends.

The third lecture, also delivered in the latter institution, to a small but intelligent auditory, with which I was edified, was given by Professor Handy. His subject embraced general science. But the lecturer's chief aim was to inculcate the paramount importance of the science of man, as a physical, moral and mental being. But as I only designed to notice these lectures in a summary manner, I will briefly add that this gentleman was happy in the arrangement of his subject; and equally so in the nervous language with which he clothed his sentiments. His manner was not only pleasant and easy, but impressive. He, as did his colleague, acted well his part. I shall not subject myself to the imputation of arrogance by saying, that his views of physiology and pathology, as far as they went, were sound and correct generally. He took one position, however, the correctness of which I was disposed to doubt; *i. e.*, that the defective circulation of the blood through the lungs, from compression (by corsets or otherwise), produced tubercles in these organs.

This institution is in its incipient stage of existence; having been created by a charter from the Legislature of Maryland at the session of 1840-41. Not only is its reputation circumscribed by this fact, but also by the comparative paucity of those who are personally interested in its promotion, as devotees to this branch of surgery. Judging, however, from the zeal and ability exhibited by those of the Faculty whom I have had the gratification of hearing, it has commenced under favorable auspices; and I cherish the hope that it will "go on and prosper." **MEDICUS.**

Baltimore, Nov. 7, 1843.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 BOSTON, NOVEMBER 29, 1843.
 

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*Medical Education.*—A lecture by Martyn Paine, M.D., of the University of New York, re-published from the New York Journal, is making something of a sensation. Its title is, "The Improvement of Medical Education in the United States."

A vast deal has been elaborated on this subject—especially on anniversary occasions—and hence it has, in a measure, become stale from having been thus a standing theme for medical orators. Dr. Paine has treated the matter with more discretion and consideration than any one of the legion who has preceded him in the same fertile domain. He shows that it is quite impossible to provide the great country of these United States with medical men whose educational attainments shall be of the highest order. In the first place, those embarking in the profession are generally destitute, but industrious, ingenious, determined young men. They are not drones, nor are they always the ignoramuses their more fortunate brethren may imagine. They are precisely fitted to the condition of society in a new, thriving country, whose institutions of learning are of recent creation.

Without the country schools, hundreds could not be medically educated, who are needed in our immense extent of territory, to alleviate the physical woes of humanity. With the increase of population, there is naturally an increase of pecuniary means, and a corresponding ambition in regard to literary and scientific acquirements. With this regular progression of ways and means, which bear a certain relationship to the age of a community or a nation, these defects of mental culture, which are deplored by the man of learning and refinement, begin to disappear, so that each succeeding generation positively becomes wiser. So it will be with the system of medical education in this new section of the habitable world. The profession of medicine is disgraced here by ignorant pretenders, and arrogant, unprincipled knaves; and so are the other professions. Time is gradually correcting the evil, great as it is. Fifty years hence, the standard of medical education will doubtless be uniform, as it is in great Britain. We must exercise patience and forbearance, instead of threatening coercive measures to make the entire medical body come up to some exalted standard of individual excellence.

Dr. Paine has done himself honor in the judicious manner with which he has gone over the whole ground. He sees the difficulty, but has the wisdom to perceive that men can neither be driven nor frightened into doing that which, however desirable, circumstances render inexpedient, if not impossible. Just as fast as the ignorant can improve themselves, they will do so. The sons will excel their fathers in each succeeding age.

An extract from Dr. Paine's lecture will be found in to-day's Journal.

*Practical Manual of Diseases of the Heart.\**—Messrs. Barrington & Haswell, of Philadelphia, manifest no relaxation in their efforts to furnish the medical part of the American community with the writings of all countries which are calculated to advance the interests of medical science among them. A gentleman remarked the other day, that he could not conceive how publishers disposed of such a flood of medical works as they were continually throwing from a prolific press. The fact is, the more they print, the greater is the demand; and so it will continue to be while the country flourishes, population increases, and intelligence characterizes the people.

The little work before us is a translation from the French, by Wm. A. Harris, M.D., who judiciously remarks, that "Notwithstanding the publication of many valuable treatises on diseases of the heart, their study is generally neglected. The unfounded scepticism which still exists in the minds of many physicians, on the possibility of recognizing and curing these diseases, and especially the differences of opinion among authors respecting them, have, in no slight degree, contributed to cast disfavor on this useful branch of medicine."

This portable manual is divided into two parts. In the first are considered the anatomy of the heart; its physiology; its beats and sounds, extensively examined and minutely investigated, forming four chapters. Part second embraces symptoms of disease of the organ; all forms of inflammation to which it is predisposed, or which are known to occur. Then follow chapters on the organic diseases of the heart and large vessels. Next, there are two chapters on the nervous diseases of the organ, followed by an appendix of two more chapters, entitled *diseases of the heart*, where some very nice subdivisions of maladies are brought under notice. For example, there are hydro-pericardium, hemo-pericardium, and pneumo-pericardium, with accompanying explanations of the indications of each, drawn with a minuteness to satisfy one of the most fastidious of the defunct brotherhood of mathematical practitioners.

This is strictly a French production, but none the less valuable on that account, notwithstanding the prejudices that some of the old school physicians present against the modern authorities from that source. It is not so elaborate as to be burthensome, and yet nothing is omitted that should be expressed. With these views, we wish the book may have the encouragement which it deserves.

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*Practical Medicine.†*—This volume is wholly and distinctly a native production. The editor, Dr. Galt, of Williamsburg, Virg., has given a very satisfactory history of it, by which we get a little insight into the life and writings of the author, the late distinguished Dr. Alexander D. Galt, of the same place.

The volume is mostly composed of cases that occurred in Dr. G.'s practice, and is in two parts. The first treats of intermittent and remittent fever; inflammation of the placenta and lungs; inflammation of the

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\* *Practical Manual of the Diseases of the Heart and Great Vessels*, a work intended to facilitate and extend the study of these diseases. By F. A. Aran, Interne of the Hotel Dieu, &c. Translated from the French by Wm. A. Harris, M.D. Philadelphia: E. Barrington & Geo. D. Haswell. 12mo. pp. 296. 1843.

† *Practical Medicine: Illustrated by cases of the most important diseases.* Edited by John M. Galt, M.D. Philadelphia: E. Barrington & Geo. D. Haswell. 8vo., pp. 328. 1843.

bronchia; colic; dysentery; and, lastly, rheumatism. The second is made up of a collection of miscellaneous cases.

The editor in his preface says,—“The cases included in the following work, were selected from papers left by my father, Alexander D. Galt. Of some of the cases which he attended he was in the habit of taking, at the time of attendance, a detailed account; and this work consists of a selection of these descriptions, together with occasional remarks, either interwoven with these cases or made separately. After studying for several years in Virginia, in the office of his father, John M. Galt, a well-known and highly-esteemed practitioner in this section of the country, he then studied medicine in London four years; whilst there, he was a pupil of Sir Astley Cooper. He had an extensive practice in Williamsburg, Virg., and the neighboring counties, for about forty years; in this district of country he was as much distinguished for his exalted moral worth, as for his great medical skill. He was surgeon to the State Lunatic Hospital, in Williamsburg, for many years. Throughout his life, as a physician, his few leisure moments were devoted principally to medical readings.”

This devotion of the son to the character of his father, claims our warmest admiration. Through him the dead instruct the living.

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*Yale College.*—In looking over the catalogue of the medical department of this excellent and flourishing institution, we are gratified to perceive that no change of times seems to affect the onward march of prosperity in the medical school of Connecticut. No disposition has ever been manifested by the Faculty for swelling the list of names to the neglect of appropriate efforts for the permanent usefulness and character of the department. There is a kind of stability in the Connecticut organization of things, literary or scientific, which is acknowledged by all who have studied the statistics of its prominent institutions. The people of Connecticut educate their own physicians and surgeons, according to a required standard, which the wise men of the State fixed upon many years ago. They care nothing about the rivalry or the quarrels of neighboring schools—a system has been adopted, and rigidly enforced, in regard to medical requirements, which has furnished not only Connecticut, but many other States, with some of the most distinguished practitioners in the Union. Long may the Fellows of Yale College maintain the same system that now gives character to those educated there for the practice of either of the learned professions, law, physic or divinity.

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*Anatomical Atlas.*—Henry H. Smith M.D., is preparing an atlas of the bones, muscles, ligaments and nerves, which is to be illustrated by about six hundred illustrations on wood. There are to be five parts—making five distinct volumes, or one imperial octavo. From the advertising sheet of Messrs. Lea & Blanchard, in which a specimen of the engravings is given, an expectation has been raised in favor of the work. Students, particularly, will look with anxiety for its publication.

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*A Colored Physician.*—A petition was recently presented to the Legislature of Tennessee, from the citizens of Fayette Co., praying that a cer-

tain negro slave, called Dr. Jack, be exempted from the law prohibiting slaves from practising medicine. It was supported by another petition from the ladies of the same county. He is represented to be skilful; he has been long in practice, and has rendered, it is said, essential service to suffering humanity. The petition was ordered to be transmitted to the Senate for the action of that body.

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*Fever at Lane Seminary—Effects of Vegetable Diet.*—In No. 7, Vol. XXVIII., of this Journal, some account was given of an anomalous disease among the students of Lane Seminary, in Cincinnati. The last No. of the Western Journal of Medicine and Surgery contains a full account of the fever (typhoid), by Dr. Thomas Carroll, of that city. We have only room this week to quote Dr. C.'s statement respecting the effects of spare diet in producing this disease.

"It has been the habit," he says, "of the students to take care of their own rooms, which of course has not always been done in a way that a lady would have dictated. Most of them have lived at a common table, which has been furnished in a plain but substantial manner. Six or seven, however, boarded themselves during 1842, and most of these were Grahamites; indeed, all lived in an abstemious way. All, with a single exception, had the fever—he, I believe, ate animal food occasionally, and he was also too far advanced in life to be in much danger of the disease. Among these students arose the worst forms of the fever. But one student who had the disease boarded in a private family, and the form in which he had it was not severe. Six cases occurred in families who had admitted some of the sick students. There were two cases in the Rev. Mr. Goodman's family; these occurred in boys who, so far as was known, had not mixed with any of those who had the disease at the Seminary. All who had the fever, besides the students, were under thirteen years of age; and one was not more than two years old."

Again, he says—"The mode of living has no doubt much to do with the origin of typhoid fever; yet I have known it to originate in very cleanly families, but seldom among those who lived well as to diet, and who were in the habit of eating animal food. This may, however, more frequently occur than I am aware of. The only fatal cases among the students, at the Lane Seminary, took place among those who had for a considerable time abstained from animal food, and all who were Grahamites had the fever."

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*Clerical Prescription.*—Dr. W. H. Brown gives, in the *Lancet*, the following illustration of the occasional interference of clergymen in the medical treatment of patients. "I have been attending lately an old gentleman who was sorely afflicted with eczema, who, of course, wanted to know, every time he saw me, 'what I called it,' and who, when I had spelled it in his ear about fifty times, managed to keep it in his mind. One afternoon, after this was accomplished, there opportunely arrived, at dinner time, just as it happened to be ready, the Shepherd, who, of course, finding the old gentleman ill, put on his best grief and asked what was the matter, in reply to which the old gentleman spelled what had been spelled to him; at which the Shepherd was so shocked (professionally placing one hand on the stomach and raising the other) that the supper-hour

elapsed before he found himself equal to leave. Ordinary folks usually prescribe for their friends' ailments on the spot, but the Shepherd went home first, and the next morning, by post, wrote, as the result of a night's deliberation—'Your disease isn't *eczema*, as the doctor says it is. There isn't any such term; but it's *exanthemata*. You'll soon get rid of it if you trust in Jesus and keep your bowels open.'

**Boils.**—You cannot disperse them, even if you ought, you may try, therefore, to bring the boil forward by steaming; but you had better cover it with plaster, and attend to its source, and prevent others by attention to the stomach, by an emetic and alterative pill, and bitter infusion with alkaline solutions. When it looks ill, and exhibits a mass of corrupted cellular membrane, it should be dressed with digestive ointment and poulticed. To correct the disposition to them, after considering the state of the intestinal canal, give antimonials, and order the warm bath.—*Sir C. Bell.*

**Medical Miscellany.**—Two children, recently born at Lexington, Ind., are represented to have a complete union of the breast bone, the whole length.—The smallpox is prevailing to a considerable extent at Milkwaukie. Twenty-nine cases have occurred since the breaking out of the disease. Of these, five terminated fatally. The Rev. Mr. Cushing, of the Unitarian church, is among those who have been attacked.—Dr. Warren performed lithotomy on a small boy, at the Massachusetts General Hospital, on Saturday, Nov. 18th.—E. H. Leffingwell, M.D., of Brunswick, Me., has been appointed Professor of Chemistry and Natural History in the University of Missouri.—Dr. John O. C. Barclay, Assistant Surgeon, sailed in the U. S. Brig Lawrence for the West Indies.

**MARRIED.**—In Philadelphia, Dr. Jno. F. Drake to Miss Mary Ann Harrison, both of North Carolina.—C. L. Mitchell, M.D., of New York, to Miss Caroline L. Langdon.

**DIED.**—In Boston, Dr. Geo. Chadwick, 41, formerly of New Hampshire.—At Litchfield, Conn., Dr. John S. Wolcott, son of the late Gov. Wolcott, suddenly, from putting arsenic in a tooth to alleviate the toothache.—At Thetford, Vt., Mr. Edward Monroe Niles, a member of the Medical Class in Dartmouth College, aged 23. The following resolutions were passed by the class:

**Resolved,** That in the sudden death of Mr. Edward M. Niles, the medical class of 1843 feel that they have, as a class and as private individuals, sustained a severe affliction.

**Resolved,** That our deceased brother had, by his talents and devotion, given rich promise of future usefulness, and we deem his sudden decease a great loss to that profession which he had chosen, and which he was eminently well calculated to adorn.

**Resolved,** That while his talents had secured the highest respect, his generous disposition and his manly deportment had won our warmest friendship—and we most heartily sympathize with the friends of our deceased brother in their affliction.

**Number of deaths in Boston, for the week ending Nov. 25, 42.**—Males, 16—Females, 26. Stillborn, 5. Of consumption, 9—croup, 1—lung fever, 2—typhus fever, 6—marasmus, 1—scarlet fever, 1—inflammation of the lungs, 3—canker, 1—fits, 1—abscess, 1—intemperance, 1—teething 2—ulcerated sore throat, 1—cholera infantum, 1—measles, 3—rheumatism, 1—old age, 2—inflammatory sore throat, 1—purpura hemorrhagica, 1—child-bed, 1—diarrhoea, 1—infantile, 1.  
Under 5 years, 13—between 5 and 20 years, 6—between 20 and 60 years, 20—over 60 years, 3.



*Structure and Function of the Intestinal Villi.*—MM. Gruby and Delafond laid before the Academie des Sciences, on the 5th of June, a paper upon the Anatomy and Function of the Intestinal Villi, in which they state that “the villi of the small intestine are covered not only with cylindrical epithelium, but also with another form of epithelium, which, from its situation, they have named *capitate*. Each cell of epithelium is provided with a cavity, the orifice of which is sometimes wide open, at others more or less completely closed. At the surface of the epithelium of the villi of the small intestine of a dog, are some vibratile cilia not yet described, of which the function is perhaps to displace, when necessary, the coarser chyle, which is in contact with the epithelium.

“Underneath the epithelium, the villus is composed merely of a vascular and fibrous membrane, and within this membrane, of one chyloferous vessel, or canal only.

“In contracting according to their longitudinal axis, the villi become shortened, and take a conical form, of which the base is towards the mucous membrane. In contracting according to their transverse diameter, they become thinner and longer. In fine, they execute movements in every way, as we have before said in our note to the Academy on the 4th of Sept. 1842. In executing these movements, the villi empty themselves of the blood and chyle contained in their vessels, and put themselves in contact with the new parts of the coarser chyle digested from the aliments. Each cell of epithelium must be considered as an organ especially designed to receive the coarser chyle proceeding from digestion, and to convert it into an homogeneous chyle, formed of an infinity of small molecules, held in suspension in a transparent and spontaneously coagulable liquid. These molecules, and the liquid, are the only parts fit to pass through the deep orifice of the epithelium cells, in order to get into the one chyloferous vessel placed in the centre of the villus.

“Each cell of the epithelium has a quadruple function:—1st. To fill itself with the coarser chyle proceeding from the digestive process. 2d. To divide and attenuate this chyle, and convert it into a pure and homogeneous chyle, 3d. To expel this liquid, so elaborated, and direct it towards the chyloferous canal through the vascular and fibrous tissue. This apparatus we have named chylogenous. 4th. In fine, to imbibe the substances dissolved by digestion, and to make them enter the vascular apparatus.”—*L'Experience*.

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*Hæmorrhage.*—Some months ago there was described, in a number of the Medical Gazette, a simple, easy, and efficacious method of treating epistaxis; of its efficacy I can speak highly, as I have on several occasions put an immediate stop to profuse hæmorrhage from the nose by adopting that plan. The treatment consists simply in making the patient hold up both arms above his head, when the bleeding will be found soon to cease.

Might not the same plan be pursued in cases of alarming hæmorrhage, that occurs in some persons after the extraction of a tooth?—A Student in *Lon. Med. Gaz.*

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*New Books in London.*—Outlines of Pathology and Practice of Medicine. By Wm. Pulteney Alison, M.D., F.R.S.E.—A Practical Treatise on Fractures. By Edward F. Lonsdale, Surgeon.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXIX.

WEDNESDAY, DECEMBER 6, 1843.

No. 18.

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CASE OF STRANGULATED CONGENITAL HERNIA REDUCED EN MASSE.

By J. Luke, Esq., London.

THE subject of the case was by profession an engraver, æt. 39 years, married; father of eight children, and generally a healthy man. About 9 o'clock in the evening of the 6th of October, 1843, he called in his way home at Mr. Dawson's surgery, Islington, complaining of severe pain in the abdomen and sickness. He stated that he had suffered a similar pain on the 4th, which had disturbed his rest during the night, but that it had passed off in the morning, leaving him easy throughout the 5th, on which day there had been a motion from the bowels.

Upon the present occasion the pain had returned with increased violence, and had existed for about two hours. The pulse was not more than 70 in a minute, and there were not any febrile symptoms present. Pressure could be borne over the whole abdomen without any increase of pain. Mr. Dawson being aware of the existence of a hernia, instituted inquiries concerning it, but learnt that it was not down, and had not been down for a long time previous. An active aperient was administered, and the abdomen ordered to be fomented.

About half past 11 Mr. Dawson was called to the patient's house, the pain of the abdomen having much increased. He learnt that since his previous interview the hernia had descended, and now formed a tumor about the size of an egg, hard, but not very painful. The reduction of this by the taxis was accomplished in three or four minutes, by the use of moderate pressure and with little pain, after which the patient expressed himself relieved. An ounce of castor oil combined with ten drops of tincture of opium was administered, and retained on the stomach without sickness.

When seen on the morning of the 7th, it was found that he had passed a restless night, and suffered much pain and tenderness over the whole abdomen, but not more at one part than another, nor more on the right side than on the left. There had not been any action of the bowels, and the sickness had returned. The countenance was much depressed. Sixteen ounces of blood were taken from the arm, followed by faintness, and calomel combined with opium was given.

At this period Mr. Dawson requested my attendance in consultation. I saw the patient about 12 o'clock. He was then suffering great pain. The countenance was anxious, the pulse was weak and depressed, the bowels had not acted from the medicines administered, and there had been a frequent rejection of the contents of the stomach by vomiting. I learnt that he had been the subject of inguinal hernia on the right side for some years, for which he had worn a truss during the last two.

On inspection of the groin I found that the right testicle had not descended from the abdomen, and that the neighborhood of the rings was free from the external appearance of tumor, but there was on comparison found a very slight fulness on the right side more than on the left. When the hand was pressed over the internal ring, a small tumor could be obscurely felt; but not painful to the touch, the principal seat of pain being the left side and pit of the stomach.

The tumor alluded to was supposed to be formed by the undescended testicle, which supposition was subsequently found to be correct.

It was remarked that the external inguinal ring (which was large and admitted the introduction of the finger), was not occupied by any structures passing through it, such as might be presumed to pass through it provided a hernial sac remained in the part after its contents were reduced. The inference was therefore drawn, that the sac had been reduced with its contents, and the suspicion arose, from the persistence of symptoms of intestinal obstruction, that those contents were in a state of strangulation, and constituted the kind of case known as reduction *en masse*. Under this impression, the patient was requested to get out of bed, to cough and strain, and use some exertion to produce a re-descent of the hernia. The appearance of a small flaccid tumor at the external ring was the result, but not painful, and easily returnable by a very slight pressure with the finger. The act of standing caused considerable pain over the whole region of the groin, from which the patient became faint, and in consequence was re-placed in bed. Although the case was one the nature of which I fully suspected, I thought it not advisable to proceed to an exploration by an operation instantly; but preferred waiting for a few hours the effect of some opening medicine which we further ordered to be administered. I determined, however, to have recourse to an operation at our next meeting, provided the bowels should not previously be relieved.

I was again summoned to attend before the arrival of the time appointed (six hours). The symptoms had become much increased in severity, the countenance was very anxious, and the prostration very great. Vomiting was frequent, and a most distressing hiccough annoyed the patient almost without intermission. The pain at the pit of the stomach had increased to agony, and the abdomen was tense and tympanitic. The groin was in the same state as at noon, but the whole neighborhood was entirely free from pain, even when pressed on firmly with the hand.

An operation was proposed, and performed without delay.

*The Operation.*—The patient's legs being brought over the side of

the bed, his shoulders were supported by pillows. This position, by rendering the abdominal muscles more tense, caused the tumor previously mentioned to become more prominent, but it did not exhibit the tension and resistance common to strangulated hernial tumors. It, however, became the guide to my proceedings. An incision between three and four inches in extent being made over it, by a little dissection it was brought into view, and ascertained to contain fluid. By a puncture of the containing sac the fluid was let out, and, upon its escape, every appearance of tumor vanished. The opening being enlarged sufficiently, a finger was introduced through the sac into the inguinal canal, as far as the internal ring, in which situation a rounded body was detected, which eventually proved to be the testicle, but rather small, and which, I doubt not, formed the tumor felt on pressure over the internal ring in the first examination of the part.

On introducing the finger beyond this, a second rounded body was felt, lying deeply within the abdominal parietes, and extending as far as the finger would reach. The sac being more completely laid open, the testicle was readily brought into view; but to expose the second rounded body was a matter of some difficulty, and was eventually accomplished by forcibly pulling the divided portion of the sac, by which means the remainder of the sac was drawn out from the abdomen, together with its contents. This latter consisted of a knuckle of intestine, about four inches in length, and somewhat dark in color. It was found to be strictured by the neck of the sac; the stricture, before it was drawn out from the abdomen, being barely capable of being reached with the finger. There was considerable tendency of the sac, with its contents, to recede again within the abdomen on the remission of the force used for its withdrawal, and it became necessary to be held by an assistant, that the division of the stricture might be accomplished without the danger consequent upon an attempt to effect it while it was lying deeply within the parietes. In this I was assisted by Mr. Lyndall, who was present with Mr. Dawson. After the division of the stricture the intestine was easily returned into the general peritoneal cavity, followed by the finger for the purpose of ascertaining that it was entirely free from constriction. The return was almost immediately followed by relief to the distressing hic-cough and intense pain of the pit of the stomach.

The wound was closed by two sutures, and the patient placed in bed. There were not any medicines administered.

Oct. 8th.—The patient is much better, and the pain of the abdomen has considerably abated. The pulse is tranquil, and the countenance much improved. The skin is free from febrile heat, and the bowels have been opened nine times without the aid of medicine. Ordered a little beef-tea and a rice pudding.

9th.—Abdomen slightly tympanitic and painful about the stomach. In other respects going on well. Ordered ʒij. Epsom salts in ʒj. infusion of gentian every two hours until the bowels are opened.

10th.—There have been two or three motions, and the tympanitic state

and pain of the abdomen have passed away. The wound was dressed to-day, and found united through a considerable extent by adhesion.

16th.—The progress has been uniformly satisfactory. Wound nearly healed. The patient says he is quite well. On this day I took my leave.—*London Medical Gazette.*

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#### VACCINATION INTRODUCED INTO PERSIA.

J. V. C. SMITH, M.D.

MY DEAR SIR,—Your favor of October 3d, 1842, accompanying a package of vaccine virus, reached me on the 1st of May. You have laid me under great obligations by your kindness, and not only me, but also the people of this district of country. Be pleased to accept my most cordial thanks.

Vaccination is practised to some extent in Persia, as at Tabruz, Tehrân, Ispahân, &c., and has been for some years. But in this province it has never been introduced among the *natives* until now. Indeed I had a great deal of difficulty in obtaining genuine matter for the children of this mission. I failed repeatedly in the use of matter sent from America and Constantinople, but at last succeeded, with matter from Constantinople, upon the children of my associates. From these I confidently expected to obtain virus, that would take upon the native children, but was again disappointed. I began to think there must be something in this climate, or in the constitution of children here, rendering them incapable of impression from the vaccine virus. I had made the experiment on about fifty children before your package arrived, and every case was a failure. On one occasion Prince Malek Kassim Meerza, Governor of this Province and uncle of the Shah, took a deep interest in the matter, sending his own servants to bring the children, as their parents were afraid, not knowing what would be done, and with his own hand assisting me in vaccinating about twenty. As soon as possible after your package arrived, I vaccinated eight children from the scab, following your directions as to the manner, but every one failed. Then I tried the virus on the quills upon six children, one of which, to my great joy, succeeded. From this I introduced the virus into four or five others, three of whom took, and now I have three others, who are doing well; so that you see the prospect is pretty good that the blessing of vaccination will be generally introduced among this people. I intend to spare no pains in the matter, and thank you for your earnest charge to persevere. The blessing of vaccination, should it be generally introduced here, would be of incalculable value. I have not the means of making an estimate of the number of deaths yearly among children from smallpox. The yearly loss is immense. A child scarcely ever escapes having the disease, and I have often heard it said, that in some seasons and places half of those who take it die. Last year about twenty children died within a short time in the Nestorian quarter of this city, scarcely a stone's throw from the mission premises. Besides the deaths and the loathsomeness of the disease, a large number

become blind from it. You ask those of this unfortunate class, which is numerous here, how they became blind, and in a large proportion of cases they will answer, it was from the smallpox.

When we first began to vaccinate, it was difficult to persuade parents to bring their children. When applied to, they would say, smallpox is sent from God, and what can we do to stop its progress? This feeling and their timidity made it so difficult at first, that the Prince-Governor issued an order in a village on the mountain near our summer retreat, that every man, who would not bring his child, should be fined twenty-five dollars. This order brought us a plenty of cases without delay. But now, since a few cases have been successful, and the people have seen that no harm is done, we have no trouble in obtaining all we wish.

I thank you for sending several numbers of your "Medical and Surgical Journal." I have read them with great interest, and shall be happy to see more, whenever you may find it convenient to send them. At present it is not in my power to send you anything for insertion in your Journal, as you were so kind in suggesting, as a multiplicity of duties demand all my time. At some future day, if time shall allow, I shall be happy to write something for you.

You ask if I cannot send you a few Persian skulls. If practicable, I shall be glad to do it. It cannot be done easily. The very idea would fill the Mussulman mind with horror. They allow no dissection, no amputation of limbs. A few days ago I mentioned the subject to our Prince, who makes no scruples in saying he is no Mussulman. He said the skulls might be obtained secretly, and no noise made about it. They are often dug up in old grave yards in digging new graves, but are again carefully deposited beneath the ground. It is sometimes remarked that all the parts of the body ought to be near together, to be ready for the day of resurrection.

I remain yours, very truly,

*Ooroomiah, Persia, June 26th, 1843.*

AUSTIN H. WRIGHT.

## INSTANCES OF MECHANICAL PRESSURE WHICH OCCUR IN THE SYSTEM.

[Communicated for the Boston Medical and Surgical Journal.]

1. **THE** weight of a child of the ordinary size, at the termination of pregnancy, is estimated to be eight pounds; and though some weigh less, others weigh much more; instances occur of their weighing from sixteen to twenty pounds. In puerperal labor, if the body of the woman is placed in an upright position, the expulsive efforts of the uterus are assisted by the entire weight of the child; if the patient lies horizontally, the weight of the child is entirely lost as to any assistance the position gives; and if the pelvis of the woman is higher than the rest of the body, an extra weight is thrown upon the efforts of the uterus. The most favorable position in which to place a woman in puerperal labor, is an upright one, and the easiest upright position is that of resting upon the knees beside a bed or before a chair. Standing erect has an equal advantage, but can-

not be so long endured. In the upright position, every child of the ordinary size assists in its own expulsion by the mechanical pressure of eight pounds. If the child is expelled by a hundred efforts of the uterus, the vital force of the uterus is saved the expenditure of a power sufficient to raise a weight of eight hundred pounds. Many women are too weak and helpless to bear an upright position, especially in the latter part of a labor; but the benefit of the position in general, must, I think, appear undeniable. The stimulus of the child's weight, pressing upon the mouth of the uterus, undoubtedly has an additional effect in quickening the expulsive efforts. This effect must have been witnessed by every physician in cases where, during the labor, the woman is directed to stand upright or to walk about the room.

2. Four years ago last summer, my attention was called to a woman living at a cotton mill in the country, in the very last stage of pregnancy, affected with that species of anasarca which Cullen denominates *anasarca oppilata*, or dropsy from the pressure of the impregnated uterus upon the veins beneath it. The woman was a weaver, in the most perfect health before the commencement of pregnancy, 28 years old, and, in every respect, well formed. She had stood on her feet at the looms up to within a month or two of her confinement. I did not see her in season to make any reduction of the disease before labor came on. At the commencement of labor, in the language of her female attendants, "she was a sight to behold." The anasarca extended from the feet to the pit of the stomach or upper part of the waist. The upper half of the body was nearly free of any appearance of intumescence. Her female friends, who knew her condition, had serious doubts of her getting through with the labor. The labor, however, went on, and went on well, although she was tumid to that degree about the vagina that it was with difficulty that an examination could be made, so closely compressed was the orifice. In fact there was no more delay or difficulty in the labor, than in the labor of well women with the first child. At the end of five hours, a living child was born, and the mother comfortable for the space of half an hour. The placenta came away without more flowing than is common, and the mother asked to see the child, which was shown her. But soon she fainted; came out of the fainting fit; and said she was dying. She expressed the fact; she was dying, but was some time in sinking, and expired apparently from a kind of collapse. The death of this woman was caused by an anasarca induced by the mechanical pressure of the impregnated uterus upon the pelvic bloodvessels, but whether upon the veins or arteries, or both, I am in doubt. Cullen says it is owing to pressure upon the veins. It is easy to see how pressure upon the vena cava and iliac veins may produce varicose veins, but it is not so clear that pressure upon these vessels produces dropsy. On the other hand, pressure upon the aorta and iliac arteries, by preventing the ordinary flow of arterial blood to the lower parts of the body, deprives them of their accustomed portion of nutriment, and operates like the actual loss of so much blood from hæmorrhage, which is known to produce dropsy oftener, perhaps, than any other cause. It is the pressure of the uterus upon the

subjacent bloodvessels, thereby throwing back the blood upon the head and stomach, that occasions the necessity of bloodletting in pregnancy. The particular vessels upon which the uterus presses in the last months of pregnancy, might be easily ascertained by the examination of women who die in child-bed before delivery. The subject deserves much attention. In a similar case of puerperal labor, I think I should give the patient gin with a good deal of freedom. Gin is not only a supporter of the strength, but has a quick and powerful action in freeing the kidneys and bladder in case of retention of the urine, always an unpleasant circumstance. It being also a production from the rye, like the ergot, I have fancied that, like the ergot, it had an effect in freeing the uterus. I have certainly noticed a resemblance in the action of the two articles. In feeble women, with lingering labors, I have seen it have the happiest effects, though I protest against the wholesale and indiscriminate use of it. Its immoral tendency will guide the good sense of every physician in the use of it. I have given half a gill at a time, repeated as often as three or four times. In a natural labor it should never be used. Would not the inducement of premature labor, at the sixth or seventh month, be justifiable in cases of anasarca oppilata of a fatal tendency? or would it be impossible to detect the fatality of its tendency at so early a stage of the disease?

3. Some years ago I met with the following instance of mechanical pressure. A young woman, about 18 years of age, of middling size, was suddenly seized one morning with fainting and pain in the right side under the left lobe of the liver, to which had succeeded coma to a degree which rendered her incapable of understanding a question. She was bled freely at the arm, which appeared to awaken her a little, though not entirely. She had been costive for some time. During the day and night took several powerful cathartics without effect. The coma returned during the night. The second day she was bled freely again at the arm, when the coma instantly left her, with the full possession of her senses. From the sudden evanishment of the coma, I immediately concluded that it must have been produced by pressure upon some of the abdominal or pelvic bloodvessels. The soreness of the side when pressed by the hand was by no means commensurate with the periodical pain which was experienced in the same part. After the sudden disappearance of the coma, the pain in the side became excruciating. The patient screamed most piteously, unlike the screaming from any merely inflammatory pain which I had ever heard. There was evidently an obstinate stoppage of the bowels, which I conceived to be in the extreme lower portion, probably a stricture of the colon between the rectum and the valve, as there was little or no disturbance of the stomach. Croton oil and the spirits of turpentine were given, but without any decided movement. They produced great pain, but were not returned by the stomach, evidently operating down beyond the valve of the colon. The third day, while screaming most piteously, and still without any movement of the bowels, I gave her the solution of two grains of the tartrate of antimony, which producing no vomiting and rather relaxing the system, at the end of half



an hour I gave her six grains more, which moving downwards shortly produced comparatively an immense discharge of old, moistened feces, in which were contained two round worms. A general re-action of the system ensued, and all pain in the side immediately ceased. The antimony was followed up with pink and senna, and castor oil, which produced a succession of the most profuse discharges of the same old fecal matter. She discharged fourteen round worms, and, in the opinion of her female attendants, eleven quarts of fecal matter. From this time she recovered anon. It was evident, in this case, that the worms had produced a stoppage in the colon, between the rectum and the valve of the colon, into which the contents of the small intestine were constantly forced by the physic, distending this portion of the colon upon the principle of the hydrostatic bellows, thereby producing the excruciating pain in the side. This portion of the colon, also, thus heavily loaded and preternaturally distended, pressed upon the aorta which the colon crosses in its flexure round the base of the abdomen, and produced the comatose state by throwing the blood back upon the brain. I believe that apoplexies, paralysis and coma, or oppression of the brain, are often produced by the mechanical pressure of the overloaded bowels upon the aorta and the subjacent bloodvessels.

4. Nine years ago, I attended the *post-mortem* examination of the body of a large gentleman, who had died from an affection of the lungs, but of so singular and obscure a nature as to make a *post-mortem* examination desirable by the attending physicians. The subject was sixty years old, fat, and had enjoyed good health until within six months of his last sickness, when he began to experience a shortness of breath, a slight cough, and some little pain in the chest, a disease resembling, as he thought, a slight attack of the asthma, but he still kept about his business. A few days before his death, the difficulty of breathing increased, with great prostration of strength, a small feeble pulse, and finally delirium. It was the fattest subject I ever saw. Both inside and out the body was loaded with fat, though previous to the examination it did not appear to be very fat. Everything about the abdomen and heart was in a sound and natural state. A small portion of the right side of the lungs had the appearance of having been slightly inflamed; it was of a purplish color, and had a bruised or strangled appearance. In reflecting upon the history of this case, I came to the conclusion that the thorax had been gradually compressed by the excessive accumulation of fat within the abdomen and under the skin, thereby pressing up the diaphragm, and pressing in and confining the ribs, until the lungs had become so mechanically confined as to prevent their expansion. I have seen two or three similar cases since, which were relieved by a timely resort to depletion and abstinence. Had this man known his situation in season, depletion and abstinence might have saved his life.

D. B. SLACK.

*Providence, Nov. 18th, 1843.*

## QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

MUCH has been said and written on the subject of quackery. Scarcely a volume of the Medical Journal appears which does not teem with communications on this subject; yet there are things left unsaid which it may be useful to say. The heads under which this subject has been discussed, are in the main only two—first, what are the causes of quackery? and second, what are the means which will operate most successfully in suppressing it? Added to this, the strongest language of vituperation has been used upon the class who practise it. To this I shall add one other head, viz., what constitutes quackery?

The causes of quackery, according to the general import of the term, seem quite plain. The want of a more general education among the people has much to do with it, to be sure; but add to this the ignorance and want of honesty which, to some extent, exist in the profession, and the evil is enhanced ten fold. Our course is calculated to produce scepticism in the better educated portion of the community. There are many things, as a profession, which we ought to know that we do not; and more which we profess to have a definite knowledge of, which, at best, we can only conjecture. The opinion is also prevalent, that we understand disease as clear and distinct, and that each disease can be as accurately identified as can the various plants that grow in our gardens and fields, and that we have a specific medicine adapted to each particular disease. These impressions we have not exerted ourselves sufficiently to remove; but, on the other hand, has not our conduct been such as tended to confirm such views? Would it not be better to be decided in what we do know, and with regard to that which is mere conjecture, have it so understood by our patients and their friends? With the present views on this subject, if we fail readily to cure a disease, the quack or quack medicine is immediately resorted to. There are causes for this state of things, and they are of a low and parsimonious character. A physician feels jealous of his neighbor; he therefore looks wise about nothing, and affects to know that which nobody knows. There is an overstraining to be wise above what is written, either to gain reputation over somebody else, or to give importance to professional character. Now if this is true to any considerable extent, shall we continue to impute quackery to the ignorance of the people, as the main and almost the only cause? Does not the sin, in some measure, lie at our own door?

In the next place, I shall inquire what can be done to remove this scourge of humanity. From the foregoing it must be plain what the remedy should be. The profession should be composed of men of unbending honesty, with sound and discriminating minds, improved by a good education both general and medical. They should instruct the community in which they are situated, that the practice of medicine, at best, is fraught with much uncertainty—that while much good can be done in many cases to assist nature in overcoming disease, others are sometimes treated with drugs, although physicians themselves are fully

aware that nature is competent to effect a cure. Should cases of the last class occur in the families of many physicians, they would allow nature, unaided, or, I might say, untrammelled, to effect a cure. How, indeed, is it that homœopathy and other humbugs have gained such notoriety in curing disease, if there was any great use in prescribing drugs for many of those who appear on the sick list. No small number of those who are taking medicine at the suggestion of their physician, if they should leave off, or, what would be equivalent, take homœopathic medicine, would be cured. Now all this implies something wrong in our system of practice, and exposes it alike to the imputation of quackery with other systems of practice.

This brings me to inquire what quackery is. By some it is considered to be a deviation from a certain prescribed course, or certain rules laid down by medical societies; by others, a discovery, or pretended discovery, of some new remedy, which the vender alleges will supersede anything ever before used in curing disease, yet refuses to disclose it; by others, a quack is defined to be one who boasts of skill to cure disease, and pretends to know much more than he does, and to do more than he can. This last agrees with Dr. Webster's definition. The more general definition of quackery by the profession, I think, is where one has not been educated according to a prescribed course, and does not belong to any organized medical society, but practises the healing art. For instance, the Thomsonians are regarded as quacks; while a homœopathic practitioner can have regular standing in a medical society, although he varies infinitely more from what is termed regular practice than the former. It was once said by a religionist, that religion was superstition in fashion, and superstition was religion out of fashion. Now will this not apply, in a degree, to medical practice? Do we not make it too much a matter of fashion? Do we not want our system regarded the true one, or the only right course, as churches wish their particular notions and creeds to be the established order? We are disposed to reject any new doctrines involving principles contrary to the generally-received opinions of the age. To prove this position, I need not occupy a page in adducing cases like that of the discovery of the circulation of the blood by the immortal Harvey. To those whom the profession esteem quacks, we are indebted for many very valuable remedies. Was Dr. Franklin the less a philosopher, or was his discovery regarding electricity the less true, because he was self-taught, or had not been through college? What indeed is quackery, but knavery, whether in high or low places; whether practised by well-educated or poorly-educated men? If a man is conscientious in his views and in his practice of the healing art, and satisfies his patrons, no matter what prejudices he may shock, no matter what envy he may elicit from other classes. His right is inherent, and should not be called in question, any more than the Orthodox religionist should call in question the right of the Baptist to worship God as his conscience dictates. There is a general spirit of intolerance and selfishness pervading the whole community, but which is called by many a spirit of benevolence. Our profession is not, in my opinion, exempt from this spirit. We

may set up our standard as to what is right and honorable, and specify what we will and what we will not do. If this should be in accordance with our elements of character or development of brain, it will be complied with ; but if otherwise, we shall commit many violations.

It is said there are elements of character in the community, which call for quackery, which is no doubt true. Certain individuals think they feel sick, and the mere thinking may operate to make them so. Such individuals must be treated with attention, as they think, and in a formal manner, or they are not satisfied. Now shall we give merely nothing to such, yet apparently give great importance to what is being done, that we may affect the system in a manner to be cured as readily through mental belief, as if it was at first diseased ? If so, we virtually admit the utility of most quack medicines advertised in the newspapers. The principle appears to me to be one and the same thing ; and, once admitted, who shall set up the bounds, as to how far, or in what particular form, it shall be practised ? Ought not the people themselves to regulate this business, while the profession remain comparatively passive ? The laws relating to the legal profession have been of late very much modified. In this State a man may offer himself for examination to practise law, regardless of circumstances ; and in New Hampshire any one can be admitted and qualified who applies with a good moral character. Such is the liberal view the people are beginning to take of such subjects, whether for good or for evil.

*November, 1843.*

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#### PREVAILING FEVERS IN COUNTRY TOWNS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—My attention has during the past year been forcibly called to the fact, that in many country towns in the neighborhood, fevers have been more prevalent and of a more malignant character than in this city. I regret being so ill supplied with facts in relation to this subject, sufficiently definite to present to your readers ; having only heard casually of the prevalence here and there of typhus or bilious fever of fatal character. The most severe and protracted case of typhus I have met with the past autumn, was in a patient who came into town from an infected neighborhood, with the incipient symptoms already developed. Will you, Sir, or some of your correspondents, if this subject seems of sufficient importance, favor us with more light upon it ? I may just mention the query that has suggested itself to me, whether the stronger febrile tendency in places which have so much the advantage of the city in purity of air, &c., may not depend somewhat upon the more stimulating and gross diet made use of in the country, especially in the excess of animal food ? L. C.

*Boston, Nov. 29th, 1843.*

## THE MEDICAL SOCIETY OF DELAWARE.

[A COMMITTEE of this Society have reported that it is expedient to surrender its charter to the General Assembly of the State, and to organize, instead, a voluntary association for the promotion of medical and surgical science. The report is to be definitely acted on in May next. This measure is proposed on account of certain objectionable acts of the Legislature, by which the Society is virtually deprived of the power to perform those very duties which previous laws of the State, unsolicited, imposed upon it. The report, after stating that the Society was originally, in 1789, incorporated as a mere scientific association, with no medical censorship, and that the Legislature, by various acts afterwards, conferred upon the Society the power of interdicting the practice of medicine within the State to incompetent persons, avowedly to protect the public from empiricism, proceeds thus :—]

With the power thus conferred upon it, the Medical Society assumed a very great responsibility, becoming, at least in the moral view, answerable for any evils of ignorance and incompetency which might occur in the medical practice of the State. But this responsibility the Society has never sought to avoid ; and it refers with confidence to the period of twenty years, from 1819 to 1839, during which the power of censorship really lasted, as an era in which the Medical Society introduced to the people of Delaware accomplished and skilful physicians, and protected them from many of the evils of empiricism.

It is true, that as early as January 29, 1835, a blow was struck at the Society, which somewhat impaired its power of usefulness ; for, by a singular Supplementary Act then passed, it was made lawful for any person to practise medicine without license, and to receive “ any fee or reward therefor, *which might be voluntarily, freely, and gratuitously tendered or given*” to him ; but, as it expressly provided that no such person should have “ the right to demand or sue for pay,” the restriction rendered very nearly inoperative a law which, otherwise, would have deprived the Society of all power.

In the year 1839, the General Assembly, by an act of amendment to the before-mentioned Supplementary Act, expressly repealed the law prohibiting persons practising medicine for pay without license, so far as related to, “ persons practising on the *Thomsonian or Botanic System* exclusively ;” and such persons are, by special provision in the act, authorized “ to sue for and recover fees.” By a further Act, entitled “ *An Act for the relief of Homœopathic Physicians*,” passed January 27, 1843, the same exemption from taking out a license, and the same authority to sue for and recover fees, are accorded to “ practitioners on the homœopathic system exclusively.”

By these two Acts, it is undeniable that the General Assembly of Delaware have revoked, in every essential feature, the power of the Medical Society to protect the people of the State from the evils of empiricism. It continues the censorship ; but it excludes from censure two classes by far the most numerous of empirical practitioners in the United

States ; and while, by these special acts of partiality, it elevates the two classes into a particular dignity, because into an exemption from laws which apply to regular physicians, and to all the petty classes of empirics who have not yet found favor with the General Assembly, it leaves the Medical Society the appearance of a power, which it does not possess, along with the substance of a responsibility, which, in the judgment of your Committee, the people of Delaware will generally believe to attach to the Society, so long as it continues its corporate existence.

Nor is this the only evil resulting from the acts of 1839 and 1843. The laws of incorporation, so far as they are in force, compel licenses to be taken out and paid for by all persons aspiring to practise medicine, *except* those practising exclusively as Thomsonians or homœopathists. The Legislature has, therefore, imposed pains and penalties, operating as a direct discouragement, on regular medical men ; while it has set a bounty on empiricism. After years of painful study in acquiring knowledge which a hundred generations of the wisest men have slowly contributed to the general stock of medicine, and which, hitherto, has been deemed a necessary acquisition to every medical man, the young physician, in Delaware, finds himself questioned, and taxed, and licensed, before the laws allow him to enter upon his high calling ; while, on the contrary, the most ignorant person, if he but call himself a Thomsonian or homœopathist, meets with no impediment, pays no tax, is subjected to no question, but commences his occupation, proud of his immunity, and of the ignorance which the General Assembly of Delaware has distinguished as better than the knowledge of the educated physician. \* \* \* \*

The natural right of men to prefer charlatanism, and even to die by it, cannot be questioned ; and where the inclination is prevalent, the only course left to physicians is, by the quiet, and conscientious, and, above all, by the successful performance of their own professional duties, to convince society of the superior merits of skill and knowledge.

The present conjuncture appears to your Committee one in which there is a peculiar call for adopting this dignified course of action, and of surrendering into the hands of the General Assembly the charter of the Medical Society ; which, shorn of its usefulness as a public institution, now exists only as the representative of the interests of the medical profession. The Legislature, as we have seen, has left the Society a shadow of power ; but it is a power which exists only to deprive medical men of privileges accorded to Thomsonians and homœopathists. By the surrender of its charter the Medical Society secures at least equal privileges to the educated physician ; and it restores to the public their natural right (the withholding of which is now useless and invidious) of patronizing new and unprivileged classes of empirics, without the necessity of further appeals to the liberality of the Legislature. No advantages have ever inured, or were expected to inure, from the charter of the Medical Society to the medical profession, which could not be expected from a private, unincorporated association of physicians ; and by the voluntary relinquishment of the little power still remaining to it, the Medical Society may afford the public a proof, that the greater power, so long enjoyed

by the Society, was not accepted nor exercised from any motives of professional interest, nor for any other purpose than that proposed by the General Assembly in granting it—namely, the protection of the people of the State from the evils of empiricism.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 6, 1843.

*The Dissector*.\*—Dr. Goddard, public demonstrator of anatomy in the University of Pennsylvania, having become perfectly satisfied of the intrinsic worth of *Wilson's Dissector*, a work familiar to students as an elementary guide, has remodelled it, enhancing its value in various ways, and finally prepared an edition, which comes out under favorable circumstances.

An observation in the preface reminds us of a passage in Herodotus, who says that the prints informed him that the pyramids of Egypt were commenced at the top and built downward. "The work of Mr. Wilson," says Dr. Goddard, "was calculated for the English school, where the dissector generally commences with the extremities, and when they are finished, examines what remains of the viscera. They have probably got into this habit in consequence of the trunk of their subjects being generally much decomposed before they procure them." To make the text clear, but more especially to direct the student in the labyrinth of muscles, vessels, nerves, &c., there are one hundred and six illustrations on wood, sufficiently well defined to enable him to ascertain precisely what is under the knife in any region where he may happen to be carrying on investigations. These elementary books are of more consequence in forming the scientific character of the physician and the operator, than is suspected, and it is desirable, therefore, to multiply their number, and extend the circulation of all that are worth having, as extensively as possible.

Those who pursue their labors by this monitor, will soon discover its merits as a plain, safe director; and it is only necessary to use it half an hour to discover that we are furnished with an improved edition of an excellent book.

*Elliotson's Principles and Practice of Medicine*.—A copy of Messrs. Carey & Hart's finely printed edition of Dr. Elliotson, with Dr. Stewardson's notes, has passed through something of an examination since it was received, a few weeks ago. A careful analysis of its contents is in a state of preparation for this Journal, which will appear as soon as completed.

Notwithstanding the objections brought against the author, on the score of his credulity, fantastic theories, and very absurd conduct in times past, Dr. Elliotson is not without merit. He is a determined man in little things, which proves injurious to his medical reputation. Rather than relinquish

\* *The Dissector, or Practical and Surgical Anatomy*. By Erasmus Wilson. With 106 Illustrations. Modified and re-arranged, by Paul B. Goddard, M.D., &c. Philadelphia: 1843. Lea & Blanchard. 8vo. pp. 444.

a favorite idea, however ridiculous it may be, he buckles on his armor, braces himself against an imaginary edifice, and patiently receives the blows which only one pleases to inflict. In some of the lectures there is a masterly exhibition of knowledge in regard to the indications of certain diseases; and every where, indeed, a faculty for collecting facts, though they may not always prove such, is characteristic of Dr. Elliotson's mind.

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*Bowdoin College.*—Lectures in the medical department of this highly respectable institution, commence on the 19th of February next, and continue three months. By this arrangement, students may go from Boston, Hanover, Berkshire, or the Albany and Vermont schools, in season for a second course the same winter. Of the value and real importance of the Anatomical Cabinet and Library of Bowdoin College, it is quite unnecessary to repeat what has heretofore been said of them, although we do it with a hope that some one may be influenced by the remark, to avail himself of such important assistance; they are scarcely surpassed in the north-eastern States.

What is the policy of the board of trustees in keeping three of the medical chairs in a perpetual state of vacancy? There are lecturers, to be sure, appointed from time to time, but they can have no abiding interest in an institution, in which the tenure of their connection is based upon such uncertainty as a simple lectureship. It strikes the public, that the conscript fathers are seeking individuals to make into professors; and that the present temporary incumbents will be cast off without much apology, whenever a faculty has been selected. This practice is injurious to the prospects of the school. It has from its very beginning labored under embarrassment in consequence of not requiring its peripatetic faculty to remain any longer than they may find it agreeable, which is just long enough to pocket their proportion of the fees. Let the trustees decide that the medical professors shall reside at Brunswick, which would be no hardship, and the success of the school, we think, would be increased. Give the lecturers the position they merit, that is, a voice in the government, by electing them professors, and they would have something at stake in the enterprise.

Those who are familiar with the country medical institutions, know very well that those prosper best whose faculty make it their home at the seat of the school. This going and coming periodically, as fishermen visit the Grand Banks, is not at all calculated to give an onward, upward tendency to a medical institution.

Although contending with this evil for years, the Brunswick school has maintained an excellent reputation, but its influence has been too circumscribed. By a little modification, it might act with greater energy, and its fame become a still greater honor to the State of Maine.

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*Ovum of Man and the Mammifera.*—In the October No. of the British and Foreign Medical Review, there is an elaborate article, entitled "Report on the Ovum of Man and the Mammifera, before and after Fecundation," which will be read with interest by all physiological inquirers, but not with much profit, since nothing is satisfactorily settled. Nature has kept some of her secrets with a tenacity that has thus far baffled the prying curiosity of man; and it is evident that the boasted progress of science has not yet rent the veil that is still interposed between our eyes and the



chambers of her mysterious operations. The Graafian follicles, their contents, the ovum—its yolk, germinal vesicle, position—fecundation, discharge from the ovary—corpora lutea, &c., are each and all of them made perfectly plain and comprehensible; but there is a boundary beyond which the naturalist is not permitted to pass. It is asserted that the spermatozoa are an essential part of the seminal fluid; but this, after all, is nothing but a learned conjecture. To assert and to prove a position are very different affairs.

Perhaps no subject, in the whole range of organic nature, has been so patiently investigated as that of the changes effected on the ovum, in the instant of its being quickened into life. And yet the whole matter, we believe, is just as obscure as it was in the age of Aristotle. Theories have been multiplied till there is hardly space left for the introduction of a new one. In order to see the process, the animal that becomes the subject of the experiment must die; and hence the impracticability of ever arriving at that exact state of knowledge on this point, of which so many generations have been in active pursuit.

Mr. Jones, the author of this report, does not solve the problem, nor does he even approximate it. Nature still maintains an obstinate silence in regard to the re-production of races, which the appeals of philosophy, we apprehend, will never persuade her to relinquish.

*Raymond's Fracture Apparatus.*—A still further improvement has been effected by Mr. Raymond, in his heretofore invaluable fracture apparatus. Notice was given some time ago, of an ingenious method of making the frame, which receives the limb, wide or narrow, according to the size of the limb to which it is applied. A further alteration in the cushions, the shoe, and some parts of the frame, gives, as a whole, additional advantages. Those who have made themselves familiar with this instrument speak in terms of unqualified praise of its usefulness. Hospitals and ships of war should be liberally furnished with Mr. Raymond's invention. If it has not yet been introduced into the western and southern States, it should be.

*Age of the Patriarchs.*—According to the wise deductions of a medico-religious writer in England, there was a period, before the deluge, when the earth was refreshed by a mist instead of rains. At that period, the patriarchs lived, on an average, 912 years. In consequence of the flood, the atmosphere was saturated with moisture for a whole year, while the mud was drying, which reduced the average of post-diluvial life to the short span of only 332 years! The author of this extraordinary production, Mr. H. L. Smith, is represented to be a very good, benevolent man, but at least nine hundred years behind the age. His book bears this title, viz. "A diagram to define the lives of the patriarchs and the early history of the seed of the serpent and the seed of the woman, particularly in reference to the origin of disease and the danger of unsanctified knowledge." Dr. Forbes says, in reference to this ridiculous book, "that religious physic seems to be fashionable."

*Phrenological Chart.*—Mr. L. N. Fowler has published an ingeniously devised chart, to show the natural language of each of the recognized phre-

nological organs. His brother has just commenced his explanation of the laws of hereditary descent, which is remarkable on very many accounts, and widely different from any theory extant. The two first numbers are already out of press. Several others are to follow, equally curious, in illustration of the principles maintained.

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*Phonotypic Journal.*—No. 20 of Vol. 2d of this new thing under the sun, has been received. Dr. J. B. Melson, of Birmingham, figures largely in the progress of the new art or science. One hundred and seventy members, admirers, or gentlemen loving hot suppers, took tea together lately, to congratulate each other on the onward march of phonography. There is nothing like leather for fortifying a city!

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*Diseases of the Motor Nerves.*—A prize worth £40 is proposed by the German Union for the Promotion of Medical Science, for the best essay on the diseases of the motor nerves in man and the domestic animals. The essays are to be free, to Prof. Link, of Berlin. For the first five years the successful one will remain the property of the Union, and appear in its transactions, when the copy-right is to revert to its author. At that period, should it be good for anything, the world will have been so extensively instructed in all its important points, that the copy-right would not be worth a shilling.

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*A Physician's Accounts in England.*—From that excellent publication, the Law Reporter, instructive even to the medical profession, the following extract is taken from a digest of English cases in common law.

"A physician cannot sue for his fees for anything he has done as a physician—either in attending or prescribing medicine for a patient; but if he acts as a surgeon, or in any other capacity than that of a physician, he may maintain an action for compensation for what he has done, provided he can show it was not done by him as a physician; and the fact that he was not paid fees at the times when he was consulted, is evidence to show that he was not acting as a physician."—*Little & Oldaker*, 1 C. & M. 370—277.

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*Pregnancy, two years after Cessation of the Menses.*—At a recent meeting of the "Société Médicale du Temple," M. Legros narrated the following case:—A married woman, mother of several children, ceased to menstruate at the age of forty-one. Two years afterwards her general health having become disordered, she consulted M. Legros. She was then thin, sallow, and presented other symptoms which seemed to indicate a cancerous cachexia. She herself stated that she thought she was pregnant. M. Legros, considering that the menstrual function had been entirely absent for two years, and that its cessation had been accompanied by the symptoms which usually attend its final disappearance, thought he had, in all probability, a cancerous affection of the uterus to deal with, and prescribed an appropriate treatment. He does not appear to have examined the state of the internal organs of generation per vaginam, a most egregious error in such a case, as the neglect of this means of diagnosis rendered it next to impossible to arrive at a correct opinion of the state of the patient. A few months afterwards the woman was delivered of a full-grown child.

She then confessed that on thinking herself safe, she had abandoned herself to a young man. M. Legros suggests that the excitement which attended this new *liaison* may have revived the functional vitality of the uterus, and this seems indeed to be the most rational view of the case.—*Gaz. des Hop.*

*Remarks on the Calculi in St. George's Hospital.* By HENRY BENCE JONES, M.A., Cantab., Licentiate of the Royal College of Physicians.—This paper gives the result of an interesting examination by Mr. Jones of a considerable collection of calculi contained in the museum of St. George's Hospital—most of which were presented by Sir Benj. Brodie.

Of these calculi, 233 have been divided; and from the internal structure thus exhibited, it appears that 46 are simple, 40 compound (or consisting throughout of a mixture of two or more substances), and 147 alternating. Of these last, 83 have a simple nucleus, and in 58 the nucleus is compound.

If, again, we inquire how often the same substance forms either an outer calculus or a well-marked layer, we find not less than 450 distinct deposits. Uric acid occurs, either alone or mixed with other substances, 135 times; urate of ammonia, 222 times; oxalate of lime, 163 times; the phosphates, 139 times; urate of ammonia with oxalate of lime, 80 times. The urate of ammonia would appear to exist in the urine in a state of health: "the rapid deposit of this substance when urine is evaporated under an air pump, over sulphuric acid, and the change which ensues if even carbonic acid is first passed through the liquid, admits of no other conclusion." Litmus paper is reddened by the urate of ammonia; and, therefore, the mere existence of that phenomenon does not, *per se*, warrant the exhibition of alkalis.

The presence of the phosphates generally shows either a neutral or alkaline state of the urine, and our author infers that "uric acid and the phosphates must exist very rarely in the same deposit." Again, it is inferred that the occurrence of the oxalate of lime is independent either of acidity or alkalescence. In only 97 out of 252 cases, was much free acid secreted; or only twice in five cases were alkalis necessary in order to remove the acidity of the urine.

In an appendix an account is given of between 20 and 30 calculi which belong to Mr. Hawkins. One of these proves the existence of cystine at so early an age as two years.—*London Medical Gazette.*

*The Epidemic Diarrhœa.*—Some conversation took place at the London Medical Society, on Monday evening last, on the epidemic bowel complaint which is at present prevailing amongst children. The chief peculiarity of the disease appears to consist in the circumstance that the symptoms of derangement of the bowels and stomach are followed by remittent fever, of a low kind. Mild doses of rhubarb and chalk, followed by gentle tonics, have been found the most efficacious means of combating the affection. It has not been unusually fatal, although in some cases the patients have been worn out by the consecutive fever. A peculiarity has been observed in some cases, consisting in a condition of the gum very similar to the *gragrena oris*, but of a milder character. One of the speakers at the Society, Dr. G. Bird, stated that he had found this

condition most readily relieved by two or three grain doses of chlorate of potash, given twice or thrice a day. Another member, Mr. Dendy, said that he had applied the tincture of iodine in the same kind of cases with the best results.—*London Lancet*.

*The Knowdy Gum*.—When the soil is washed up in the Bay of Islands, New Zealand, large quantities of gum are discovered in the soil, when or how deposited is unknown. It seems to be pure and resinous, as if the remains of primeval and extinct pine-forests, whose consistency precluded decay, whilst the wood itself perished. What may be its commercial value has not yet been fully ascertained. Experiments will be tried on the samples brought home in the Erebus and Terror.—*English Paper*.

*Medical Miscellany*.—A malignant sickness, of a fatal tendency, prevailed at the last advices in Jackson and Lawrence counties, Arkansas.—Dr. McLaughlin is the present commander of the British forces at Fort Vancouver, in Oregon.—A physician in Maine attempted to explain, in a public lecture, some of the vices of dress in females, but did himself more injury than he did them good, as the story is that the audience were very much offended.—*Neurypnology*, or the rationale of nervous sleep, considered in relation to animal magnetism, a treatise by James Braid, a surgeon, has been published in London.—Dr. James Stark has addressed a letter to Sir Robert Peel, on the responsibility of maniacs for the crime of murder.—Phreno-magnetism unmasked, is the title of a new book, by Dr. T. C. Hall, that might open a few blind eyes if re-published here.—The Mayor of New York has stopped the sale of certain provisions which were brought in the ship Sheffield from England, in consequence of a large quantity of prussiate and bichromate of soda having been dissolved in the water with which the articles were saturated.—The *Cheraw Gazette* mentions a negress now living near Georgetown, S. C., who is believed to be 132 years old. She was brought to this country ninety years ago, leaving a family in Africa. The children she has had here are all superannuated.—Dr. Crump, of Norfolk district, has been elected a member of the Senate of Virginia.—Dr. Conolly, of the great County Asylum at Hanwell, in England, has taken charge of a lunatic establishment in the vicinity of London, arranged for the higher classes of the community. He still retains a control in the former Asylum, and will also practise as a consulting physician beyond the walls of both establishments.

**TO CORRESPONDENTS.**—Dr. Hitchcock's Case of Abscess of the Cerebrum, Dr. Knowlton's Case of Scirrhus of the Pancreas, and Dr. Dixon's Operations on the Eyes, are on file for publication. The drawings accompanying the latter, it is feared, are not made with sufficient care to ensure their perfect execution by the engraver.

Number of deaths in Boston, for the week ending Dec. 2, 51.—Males, 33—Females, 18. Stillborn, 5. Of consumption, 4—measles, 6—typhus fever, 4—quinsey, 1—infantile, 5—lung fever, 5—sudden, 1—inflammation of the lungs, 2—burn, 1—disease of the heart, 1—debility, 1—croup, 3—inflammation of the bowels, 1—bronchitis, 1—fits, 1—cholera infantum, 1—scarlet fever, 1—apoplexy, 1—dropsey on the brain, 1—intemperance, 1—old age, 2—dropsey, 1—pleurisy, 1—child-bed, 1—unknown, 4.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 60 years, 18—over 60 years, 4.

*Relief from Piles.* By THOMAS EMBLING.—In the treatment of external piles I have observed that one of the most important means of relief is the full and perfect evacuation of the lower bowel at each stool. On inquiry I have universally found that my patients have been punctilious in “keeping their bowels open,” and with that they have been content. It has been for some months my constant practice to impress upon my patients the necessity of avoiding as much as possible the employment of all aperient medicine, having satisfactorily ascertained that bowels accustomed to torpidity, and long used to the aid of laxatives, will recover their natural functions in a comparatively short space of time by the habit being kept up of gently coaxing the latter portion of the colon and the rectum to a thorough emptying of themselves. The relief which has been experienced by obtaining this habit has been declared to be very great, and instead of the veins being more distended by the prolonged sitting in the temple of Cloacina, the removal of the whole of the contents of the bowel has always been perceptibly marked by an increased effort on the part of the veins to return their blood healthily, and the sphincters have gradually recovered their elasticity and firmness. I cannot say that I have found the use of ointments to be at all desirable, the unctuous portion of such preparations having, apparently, a tendency to add to the mischief by its relaxing property. What I have found most serviceable has been a free use of a strong solution of yellow soap in rain-water, and, occasionally, in cases of great protrusion of the veins, painting the whole of the surfaces with a solution of the nitrate of silver. By these simple agents I must confess I have effected more in the cases which have fallen under my notice, than by any of the heavy round of remedies which are prescribed for this very painful affection.—*London Lancet.*

*Handy-work of a Midwife.*—Dr. Samuel Williams, of Eastwood, near Nottingham, England, relates the following extraordinary case in a late No. of the *London Lancet*.—“I was lately summoned to Maria Clarke, a poor person, residing at Selston, a few miles distant, who was reported to have miscarried, and to be then in a very dangerous situation. I was not a little surprised, on my arrival, at having presented to me the headless body of a fine fresh infant, of about the fifth month of gestation, with the funis torn off close to the umbilicus, the head and placenta remaining in the uterus. After several inquiries I ascertained that a midwife from the neighborhood had officiated, but the parties present were evidently unwilling to say much about the occurrence. On examination, the os uteri was found firmly closed, and no trace of the ruptured cord could be detected. There was no hæmorrhage, all pains had completely subsided, and the woman was extremely weak. After the exhibition of a stimulant, the os uteri was gradually dilated, and the escape of the head soon after effected. The placenta occasioned some difficulty in its removal, from being partially adherent. The uterus contracted slowly after the withdrawal of the hand, and no flooding followed. The restoration to health was very protracted. The fœtus is in my possession; the atlas remains attached to the head, and the dentata to the other cervical vertebræ, exactly as the laceration had occurred.”

A Practical Treatise on the Diseases of the Scalp, by John E. Erichsen, Esq., M.R.C.S., has lately been published in London.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXIX.

WEDNESDAY, DECEMBER 13, 1843.

No. 19.

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ELLIOTSON'S PRINCIPLES AND PRACTICE OF MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

*The Principles and Practice of Medicine.* By JOHN ELLIOTSON, M.D., Cantab., F.R.S., &c. &c. Edited by NATHANIEL ROGERS, M.D., &c., and ALEXANDER COOPER LEE. First American, from the second London edition, greatly enlarged and improved. With Notes and Additions by THOMAS STEWARDSON, M.D., Physician to the Pennsylvania Hospital.

THE gentleman last named in the above somewhat extended overture to the work before us, is an old and valued personal friend of the writer of this brief notice. We have studied with him, ausculted with him, travelled with him, and in all these relations he has been among our most esteemed associates. If there was some good reason for valuing his talents and acquirements in the days of our personal intercourse, there is the same reason for hoping that he would not have published a book without merit, and that his friend need not be obliged to look at his labors through the rose-colored glasses of personal kindness to see them under a favorable aspect. This plain statement will at once do away with all idea that we are secret members of any "Society of Mutual Admiration," or subscribers to any of the joint-stock companies which honor each other's drafts for praise in the saloons of various remote cities, and endorse each other's credit in native and foreign journals. Add to this, that from various motives, interested or otherwise, we are quite ready to find fault with this book, and the reader has the boiling and freezing points of our critical scale.

As geographers cut the world into quarters to describe it, we shall separate our four associate authors, before treating of their share in this *magnum opus*. And, first, of the author of the original work which has become the nucleus of so bulky a concretion.

Like all writers, Dr. Elliotson is a legitimate subject for critical opinions, which we may express, if it should happen to be convenient. Like all readers and students, we have had a certain critical appreciation of Dr. Elliotson, which, until this work led us to look at it more sharply, was near enough for our purposes. We should have said that he had many traits of a shrewd and bold thinker, that as a physician he had a good deal of

practical sagacity, as a medical scholar a good deal of discursive learning, and that to these qualities he probably added some personal traits or other, something authoritative, or fluent, or lucid, or plausible, or brilliant, which gave him on the whole more reputation than his writings seemed to justify. But we should have thought him somewhat of an egotist, we should have suspected him of laxity in observation, and hastiness in announcing conclusions, and we should have doubted whether he was as profoundly versed in medical literature as many of his contemporaries. Perhaps something of these traits may be seen in the book before us. Yet we cannot deny that there are merits in it, for which we did not give him sufficient credit. He appeared to less advantage in formal essays than in this work, where he professes to teach familiarly to students. His essay on "Neuralgia," in the *Cyclopædia of Practical Medicine*, is among the cheapest and leanest in the whole collection of which it forms a part; but the author of the best article in that work might have failed in making the avenues of our science as inviting as Dr. Elliotson has made them in these lectures.

Messrs. Nathaniel Rogers and Alexander Cooper Lee have rendered their individuality so little prominent that we may speak of them in the light of a *compound radical* which has contributed to the multitudinous octavo. Their additions to the fabric (if we may be indulged in another image), are in what is called the "bracketed style" of book-making architecture. Or, without a figure, what they have done consists mainly in illustrating and amplifying the text by large extracts from other approved authors, without professing to contribute much original matter. An unambitious, but not the less a useful office, if performed with judgment.

Of our friend, the American editor, it becomes us to speak with a certain degree of reserve. A good observer and a well-trained thinker we know him to be; and such advantages as long residence in the medical centre of Europe, the intimacy of the most renowned European pathologist, and since that period the station of physician to a great hospital, could give him, we know that he has had. The fruit of these advantages has appeared in some of the best reviews we have read in the *American Journal of the Medical Sciences*, and in some original essays of great interest and importance, to which we shall refer hereafter.

These remarks upon the contributors to the book must be followed by some notice of the book itself. It constitutes a vast, plethoric, polysarcous, Falstaffian octavo, of more than a thousand highly congested pages. And this great mass of printed matter, bound in substantial sheep, ribbed on the back, and peppered on the edges, is sold for the small consideration of four dollars. The American Tract Society, with its ten (small) pages for a cent, can hardly beat this.

There is nothing so peculiar in the general plan of the work as to require minute description. An Introduction of about a dozen pages is chiefly remarkable for a note in which Dr. Elliotson describes and complains of the hard fortune which attended Galileo, Harvey, himself, and others, on account of their new discoveries or opinions. The moral is

that those illustrious men who insist on taking coals from the altar of nature, almost always burn their fingers. Very true; but Harvey and Galileo are the fighting cocks of our homœopathic friends, and the old alarm bell of persecution has been rung so often that nobody expects to see a conflagration when they hear it now. Some old woman's smoky chimney is probably at the bottom of the outcry; an individual obfuscation, and not a universal danger. There is a story connected with this complaint of Dr. Elliotson's, too long and tedious to mention, in which some supposed discoveries in animal magnetism, and the trickery of one or two saucy girls, became mingled up in a manner not edifying to the cultivators of science under her severer aspects. It is commonly said that Dr. Elliotson suffered in his professional popularity from his connection with these proceedings.

Under the head of "General Pathology," a description of the divisions, symptoms, causes, &c., of disease, is next given. Then comes Part First, containing an account of what he calls "General Diseases," such as inflammation, hemorrhage, tubercle, and the like. "Universal Diseases," namely, anæmia, chlorosis, scurvy, and fevers, constitute Part Second. Part Third contains "Local Diseases"—those of particular organs or systems. One or two curious faults in the arrangement of the last class of diseases have struck our attention. Stomatitis and *stricture of the œsophagus* are described among the "Diseases of the Respiratory Organs." Sick headache is described under the head of phrenitis, dropsy of the ovary under the title "Organic Diseases of the Peritoneum." There is no account of the diseases of the uterine system; no express mention even of deranged menstruation or leucorrhœa.

We will now look a little more closely into some of the special subjects of which he has treated. We stop, however, for a single moment, to ask the student to ponder over and inwardly digest these two lines, which he will find on page 20th. "In improving diagnosis it is impossible to discover only what is obviously useful. The research must be made generally; and what is at once useful, and what is not, must turn up together." Ardent young men, who pursue truth in science a little beyond the absolute necessities of the moment, are often leered at through the small eyes of certain supposed *practical* men, who pride themselves upon the wink of a horse-jockey and the nod of a farrier. While we are liable to meet such individuals, who feel of wrists instead of hoofs, and handle the lancet instead of the razor which belonged to their legitimate predecessors, let us be thankful for every cuff they get from men whom they dare not bully!

*Inflammation.*—Many long and valuable passages are credited to "T. Williams,"\* whose name is not as familiar to us of this remote province as we might be led to wish from these citations.

Dr. Elliotson tells us that he has "really a horror of digitalis." He has seen so many people die suddenly under its use, that whether they died from it or nor, it is a medicine of which he is "particularly shy."—(p. 125.)

*Continued Fever.*—The account, though elaborate and interesting, is

\* An interesting paper by this gentleman is contained in the last number of Gny's Hospital Reports.



somewhat confused, and cannot be said to present the existing state of knowledge on the subject. Dr. Stewardson has in a measure remedied this by a very good note, which might have been extended to greater length with advantage.

*Remittent Fever.*—Dr. Stewardson has inserted the principal results of his investigations on this subject, which were formerly made public in two remarkable papers published in the American Journal for April, 1841, and April, 1842. We have not the space for any analysis of his memoir, to which we refer the student for the best account of the disease with which we are acquainted. The anatomical lesions, more especially, are described with great accuracy. The three most essential changes were found to consist in inflammation of the stomach, enlargement and softening of the spleen, and a peculiar appearance of the liver. This consisted in a change of color, more or less resembling “bronze, or a mixture of bronze and olive, or some shades of lead color.” This Dr. Stewardson is disposed to consider as the essential anatomical characteristic of the disease.

*Yellow Fever.*—Dr. Stewardson has furnished an article upon this disease, embodying some of the results of M. Louis, with information derived from other sources. The change of the liver in this affection bears a very interesting relation to that just mentioned as belonging to remittent fever. “Its color was altered in every case; sometimes it was of the color of fresh butter, sometimes of a straw yellow, a clear coffee and milk color, sometimes of a gum yellow, sometimes of an orange color.”

*Cutaneous Diseases.*—Dr. Elliotson uses a lotion of one or two drachms of hydrocyanic acid to a pint of water, to allay the irritation of *lichen*. He mentions the curious fact of mental weakness, sometimes amounting to fatuity, arising from protracted cases of *prurigo*. His list of causes which he has known to produce *urticaria* is interesting. In the sore throat of *scarlet fever* he prefers the chloride of soda or of lime as a gargle. Some cases have led him to suspect the contagiousness of *erysipelas* and of *lepra*. The last disease he says sometimes lasts two or three years. We know a case of nearer twenty years' standing, and we believe such are not very unfrequent. Contrary to the precedent of writers on diseases of the skin, he classes *rupia* among the pustules. In treating of *porrigo*, he takes occasion to express a doubt as to any peculiar efficacy of Plummer's pill (pil. hyd. subm. comp.) over calomel in its simple form. Dr. Stewardson has added a note on the prevention of the pitting in *variola* by the use of mercurial ointment or plaster. He did not find it prevented pitting altogether, but it lessened the liability to it. *Equinia*, as Dr. Elliotson has named it, or *glanders* in the human subject, is treated of at length in the most interesting manner. Five cases of this affection are given in some detail. Nothing is said of iodine in the treatment of *lupus*.

*Diseases of the Nervous System.*—An abstract of Marshall Hall's leading notions on the physiology and pathology of this system, and large additions to the text from the Cyclopædia of Practical Medicine, Tweedie's Library, and other sources, have expanded this portion of the work,

already ample. *Acute hydrocephalus*.—Dr. Stewardson has given a note on this disease, explaining its relation to tuberculous deposition, as ascertained by Drs. Gerhard and Rulz, and abundantly confirmed by other observers.—“It is said that *apoplexy* and *palsy* have very much increased of late years.” No statistics are given to show the truth of this opinion, which Dr. Elliotson endorses in a dashing assertion.—Why did not the American editor refer to Dr. Ware’s most important and well-known paper on *Delirium Tremens*, which he might have received *via* Europe, if the scientific highways between Boston and Philadelphia are impassable?—The account of *insanity* is full of entertainment as well as instruction. *Spinal irritation*. Several pages on this subject are taken from the Library of Medicine. The impossibility of reaching the spinal cord or the nerves going from it by pressure is granted. *Paralysis agitans*, a form of palsy frequently neglected in general works, is specially treated of, and a separate article is given to that strange affection, the *leaping ague*.—In the treatment of *neuralgia* Dr. Elliotson gives the *precipitated* sesquioxide of iron (*ferri carb. præcip.*) in very large doses; two, three, or even four drachms every six or even four hours, and does not hesitate to begin with the full dose of half an ounce.

*Diseases of the Respiratory Organs*.—Among the complaints which Dr. Elliotson has chosen to include under this title, is *fetid breath*. One cause of this consists in the accumulation of cheesy-looking matter in the follicles of the tonsils. These same disagreeable concretions, when rejected by expectoration, have been sometimes mistaken for pulmonary tubercles. The description of the physical signs of pulmonary disease is principally taken from the work of Dr. C. J. B. Williams. *Croup*. The distinction into primary and secondary, or, as we might call them, idiopathic and diphtheritic, is illustrated in a comparative table of their characters from Dr. Stokes.—Some valuable remarks will be found on the *nervous coughs* and *aphonia* observed in young females.—Dr. Stewardson has added two useful notes on *pneumonia* and *pulmonary apoplexy*.—A capital account of that most singular affection, the *hay asthma*—*catarrhus æstivus*—with numerous cases, is given by Dr. Elliotson.—Not a word is said of the friction sound (*bruit de frottement*) under the head of *pleurisy*. Under the general head Auscultation, it is, however, mentioned (p. 714). Encephaloid disease of the lung and pleura, and some of the rarer organic affections of the first of these organs, should have been referred to.

*Diseases of the Heart*.—All that is said of the friction sound of pericarditis is contained in a line and a half, mentioning the *new-leather* sound described by M. Collier (Collin). We must think that the mixture of Dr. Elliotson’s former opinions on the cause of the sounds of the heart with the results of the more recent experiments, produces a *chiaroscuro* that the young student will find embarrassing. Patching old cloth with new was always an awkward business.

*Diseases of the Chylopoietic Viscera*.—*Ovarian Dropsy*.—A manifest error loci—a most palpable extravasation—but that we have spoken of. Dr. Elliotson mentions several stories of the monstrous quantities of

fluid which have been drawn off in this affection. If we remember right, Dr. Mead gives the epitaph of a lady whose performances on the trocar were very remarkable. We have at various times snipped little oblong strips out of Vermont and New Hampshire newspapers, relating similar wonders. A large pumpkin, a long wheat-stalk, and an incredibly productive dropsy, are a part of the regular stock in trade of a New England editor. *Jaundice.* Dr. Elliotson mentions several cases which he had himself seen where the patients saw objects tinged with yellow. *Intussusception.* Some have proposed opening the abdomen. The seat of the pain "is a very fallacious guide." If a tumor appeared after symptoms of colic, "the surgeon might then take into consideration whether he would cut down or not."—We do not see any account of abscess in the iliac fossa, or of disease of the appendix cæci. *Chronic Dysentery.* Dr. Elliotson has employed the sulphate of copper in this complaint, as he says, with very great success, in the dose of a quarter of a grain to three grains as the maximum, given after breakfast. *Discharge of fatty matters from the intestines.* A short account of this singular affection is given. A paper by Dr. Elliotson on the subject will be found in the 18th volume of the Medico-Chirurgical Transactions.—A few pages on *gastro-intestinal concretions* will be read with interest.—Why "*English cholera*" as the name of a disease described by Aretæus and known everywhere? It is an enemy's business to confer such invidious distinctions—

"News have I that my Nell is dead i' the spital  
Of malady of France."

The American editor has added a short account of *cholera infantum*. The brief account of dyspepsia, under the title "Disorder of the Digestive Organs," is infinitely plainer and more likely to be useful than some of those bulky treatises in which the reader is bewildered by attempts at all manner of distinctions and subdivisions. Amidst a great deal that is valuable in this portion of the work, we will point out the remarks on *prussic acid* as a remedy for irritability of the stomach, and the *oil of turpentine*; the history of its use, and the best mode of exhibiting it in cases of worms.

*Diseases of the Urinary Organs.*—The work of Rayer might have been consulted with advantage on several points, and especially on the distinctions of inflammation of the kidney according to the tissue affected. Endemic hæmaturia, of which Rayer gives a very full account, is not alluded to. The chapter on calculous diseases is almost entirely borrowed from the work of Dr. Prout, whose knowledge and experience are unhappily equalled by his singular obscurity and awkwardness of arrangement, in the volume which has been a mine of valuable information to so many compilers. We will only mention, in conclusion, the remarks on the application of cold to parts affected with *gout*, which some of the patients of our hydropathic fellow citizens might do well to read; those on the mode of giving colchicum in *gout* and *rheumatism*, and on acupuncture in the last affection.

We might point out various blemishes, such as all easy, off-hand writ-

ers are liable to fall into, some trivial, others more important. There is no reason to think that Falstaff was dropsical, because he had "a decreasing leg, an increasing belly."—(p. 878.) Mrs. Ford was of opinion that his bulk was owing to "so many tuns of oil" in his abdominal cavity. Sir John himself, in the scene in Windsor Park, is apprehensive not of a watery but an adipose diuresis. Lord Byron, however, considered corpulence as a kind of "oily dropsy," and perhaps Dr. Elliotson may plead his authority. We do not think it correct to say that "encephaloid tumors look exactly like" "scrofulous"—that is, tuberculous—ones, in the liver or any other organ.—(p. 889.) Dr. Elliotson's assertion, on the same page, that he has "frequently seen scirrhus in other parts with scrofula (tubercle) deposited in its neighborhood," and that the same thing happens in the liver, would be more questionable were it not for the preceding quotation. The mode in which the comparative prevalence of the cholera in London and Paris is accounted for, is rash and superficial.—(p. 942.)

But it is time to put away the microscope. Something must be pardoned to the natural love of detecting cracks and flaws in anything submitted to our inspection. This book of Dr. Elliotson's, encircled in the "æ triplex" of three-fold annotation, can endure a great deal of minute fault-finding without serious injury to its vital energies. It contains a great mass of the most valuable information on the most important points of medicine, conveyed in a very lively and attractive style, and illustrated by a wide extent of miscellaneous reading. The poets, the novelists, the essayists, the moralists, the theologians, and the sceptics, have all contributed their share. Add to this, that it contains those opinions and practical results of Dr. Elliotson for which we have been obliged to look to scattered sources, and we have still further reason for welcoming it as an accession to our libraries. The general character of the additions of the English editors is that of practical utility, and their sources are for the most part unexceptionable. Dr. Stewardson has added nothing which was not called for, and though he might, perhaps, have done more if space had been allowed him, deserves great credit for having done so much.

We mention this with pleasure, inasmuch as a new fashion is growing up among our publishers, upon which we will bestow a parting word to close our remarks. A work is published in England, embodying the labors of some man of talents, learning and experience. The giant of our all-devouring press snuffs it in the wind—

Fee, faw, fo, fum,  
I smell the book of an Englishman!

Before the work, however, can be trusted to the American public, it must find some responsible citizen to alter, improve, amend and answer for it. Some young physician, whose note-book might show that he has occasionally prescribed an "Anderson" to his grandmother, or practised on himself with Rochelle powders before breakfast; or some surgeon, who has cut a few corns and strapped a broken head or two—is selected as the sponsor. The favored youth opens the book in the natural intervals

which characterize uncut volumes, skims the contents of those leaves which are free from adhesions, pours a calm whiff of cigar smoke into such as are merely united at the top, and occasionally pokes the first joint of a finger into those which, like the paper bags of grocers, have only one entrance. In half an hour he manufactures half a dozen superfluous impertinences which he calls "Notes," or, it may be, "Notes and Additions." And this is the way that the works of the London practitioners and professors are often ushered into the American market, under the patronizing shadow of some minute fungus, no more competent to criticize, still less to amend, his original, than a turnspit to carry the paddle wheels of the Great Western.

We would not be too sweeping in a censure which might reach ourselves. But we have actually become ashamed of this jackdaw style of making a reputation. Let not those who cannot make or mend a book, become excrescences upon better men's productions. We honor the labors of an able and accomplished editor, who understands his author, and is competent to illustrate and expand his meaning. The editor of the work we have examined, and a few other conscientious and industrious students who have undertaken similar tasks, deserve our gratitude and commendation. But for those who take up half the title-page with their names, and are seen no more of, who lead us on with the vain expectation of the "Notes and Additions" until our last hope is shipwrecked upon *finis*, we profess little esteem. Our scientific reputations are becoming to a frightful extent parasitical, built up on mere typographical association of names, an identity equivalent to that between man and his entozoa—the hero and his ascarides. Once more, we thank our Philadelphia friend for giving us a better example.

December, 1843.

O. W. H.

#### CASE OF ABSCESS OF THE CEREBRUM.

By Alfred Hitchcock, M.D., Ashby, Ms.

[Communicated for the Boston Medical and Surgical Journal.]

STEPHEN SAWIN, æt. 35; farmer; of temperate and industrious habits. For several years had been subject to slight pulmonary hemorrhage—the attacks rather frequent, attended with some thoracic pain, but generally no cough. He also suffered considerably from a moist and excoriating eruption about the ears and scalp, occurring several times during a year. He had noticed that when the eruptions on his head were perfectly healed, he was sure to have a recurrence of hemorrhage from the lungs, and *vice versa*. During the seven or eight months preceding his last sickness, he had complained of headache—generally paroxysmal, and most commonly referred to the frontal and left side of the cranium. These attacks sometimes occurred in the night, producing sudden startings in sleep. Sometimes they were accompanied by dizziness, and temporary loss of sight and hearing. Excepting the headache, the general health was good; no hemorrhage or eruptions; was able to labor as usual, ex-

cepting could not stoop without greatly aggravating the headache. He considered the headache "nervous;" was otherwise quite well, and used nothing but domestic remedies for relief. The first two weeks in July, 1843, his general health became somewhat impaired; loss of appetite, with some slight febrile symptoms; disinclination for mental or muscular effort, &c.

July 17th, 1843, I was first called to prescribe for him. He had kept his house for several days, complaining of severe intermitting headache; pain in back and arms; frequent creeping chills; some soreness of throat; tonsils and fauces very dark red; tongue covered with white fur, moist and tremulous; pulse 60, regular, full and soft. Heat of all parts of the body rather below the natural temperature. The headache, which occurred in paroxysms, was at this time referred to no particular part. No throbbing of carotids; no unnatural heat of scalp; eyes natural; mind rather desponding. A mustard bath was ordered for the lower extremities, and strong sinapisms for the nuchæ. A cathartic of ten grains of submur. hyd., followed by  $\frac{3}{4}$  j. sulph. magnesia, with gr. j. tart. emetic, was given. A third dose of the saline mixture was taken before a cathartic effect was produced.

July 18th.—Had vomited twice, and bowels purged freely. Free perspiration, and surface of natural warmth; pulse 60, soft. No headache for twelve hours; mind more cheerful, and expressed great relief since yesterday. Mild diaphoretics.

July 19th.—Had a restless night. Several rigors; headache severe; restless, anxious and desponding; head and all parts of body rather cool; surface moist; pulse 50, and very soft. Complained of faintness.

20th.—Frequent chills, followed by profuse perspirations. Delirium, with subsultus; great nervous agitation and restlessness; could not always locate his distress, but most commonly now referred it to epigastrium. Drs. Stone and Barr called at my request in consultation.

From this time till his death he was constantly delirious, generally sleepless, and complaining of great distress, without being able to locate it. Frequent chills and perspirations; all parts of the body rather cool; subsultus constant, and at times very violent; occasional twitchings of the facial, and also of the posterior cervical and upper dorsal muscles. No paralysis of any of the muscles. Had perfect use of all the muscles of locomotion; and till within six hours of death, would leap from his bed unless forcibly hindered by attendants. He was very loquacious—his ideas ludicrous, and often witty. When not agitated with severe distress, he would occasionally sing. Some tenderness of the abdomen; occasional vomiting; diarrhœa moderate, averaging about four or five stools each day. No tympanitis, or rose spots or sudamina, were at any time to be noticed. The eyes remained natural in appearance, and no loss of vision. The pulse ranged from 45 to 80 per minute, generally quite soft, and moderately full. His mouth was filled with sordes, and he had very violent hiccups for several days preceding dissolution. He died the 7th of August—22d day of attendance.

*Autopsy, twenty-four Hours after Death.* Present, the consulting physicians, and several other professional gentlemen.

The mucous membrane of the stomach and intestines exhibited numerous inflamed patches, of a modena color, thickened, and easily separated from the muscular coat. Peyer's and Brunner's glands exhibited no appearance of ulceration or inflammation, except where the patches of mucous inflammation involved one or more of the solitary glands. No other morbid appearance visible in the abdominal cavity.

The lungs were adherent to both sides of thorax by numerous narrow, strong membranous bands. The upper portions of both lungs were studded with miliary tubercles.

On removing the top of the cranium and upper portion of the dura mater, numerous tubercular depositions were exhibited on the vertex of the cerebrum. They covered a space of three inches in diameter; were white, opaque, of nearly cartilaginous hardness, and from the size of mustard seed to that of a pea. These tubercles formed a pretty firm attachment between all the membranes and the cerebral substance; rendering it difficult to determine the point of primary deposition. Continuing the examination, by removing the upper portions of the cerebral hemispheres, the lateral ventricles were found fully distended with pus. From the middle cornu of the left ventricle, a small sinus was found leading into the sac of an abscess, the size of a common hen's egg, occupying the central portion of the middle lobe of the left hemisphere. The walls of this cavity were rather rough, dark colored, and of a cellulo-vascular structure. The pus was generally of a laudable appearance, with some brown and greenish specks—there was, however, five or six drachms of serous fluid with flaky matter in the left ventricle. The pus had found its way under the base of the brain behind the sella turcica, and along the pons varolii and medulla oblongata, through the foramen magnum, a considerable distance down the spinal canal. The portion of the brain in the vicinity of the parts just mentioned was extensively infiltrated with the contents of the abscess. The pus had not penetrated below the tentorium cerebelli. The quantity of pus and serum was estimated at eight ounces. The cavity of the abscess extended within three lines of the optic thalami, and about the same distance from the external temporal surface of the brain.

The foregoing case presented many of the prominent symptoms of typhoid fever. The head-ache and delirium were not more severe than is often observed in favorable cases of that disease. The early and violent subsultus; the continued chills and sweats; the slow, soft pulse, and the general coolness of the surface, however, were symptoms anomalous to that disease. Although serious affection of the encephalon was anticipated, yet the character and location of the lesion was not diagnosed during the life of the patient. The temporary relief afforded by cupping, blistering, &c., together with the absence of convulsions and paralysis, would seem to indicate a less grave cerebral affection than was disclosed by dissection.

Encysted abscess of the brain, according to numerous cases recorded

by Broussais and other eminent pathologists, may exist without any very manifest symptoms during the life of the patient. The bursting of an abscess and infiltration of its contents in the cerebral substance, gives rise to very variable, though fatal, symptoms. The equivocal nature of these symptoms is remarked by nearly all writers on the diseases of the brain. Dr. Rush, in his treatise on the Mind, speaks of a metastasis of pulmonary disease to the brain. In the foregoing case, it will be observed that on the accession of cerebral symptoms the pulmonary irritation and hæmorrhage were suspended.

The history of this case, and the dissection, would lead to the conclusion, that the patient was of the scrofulous diathesis—that the abscess was of tuberculous origin—that the inflammation and softening were of a very insidious and chronic character—and that the formation of pus and its infiltration about the base of the brain took place at the occurrence of the more prominent symptoms above mentioned, and were the cause of the chills, diarrhœa, &c.

November, 1843.

#### SCIRRHUS OF THE PANCREAS—ERROR IN DIAGNOSIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case excited considerable interest in the vicinity of the patient's residence, and as in reporting it I shall acknowledge that myself, as well as others, formed an erroneous diagnosis, I must crave the privilege of relating more particulars than mere utility to the readers of your Journal may, perhaps, seem to require; yet the *reasonings* of physicians in obscure cases are to me particularly interesting.

Soon after Maj. Joseph Griswold, of Buckland, reached home last April, from Boston, where he had spent the winter as Senator from Franklin county, it was reported that he would probably soon die of *disease of the heart*—that such was the opinion of “the physicians at Boston,” and of his attending physician at home.

Now Maj. Griswold, being 67 years of age, had accumulated a fortune by hard labor as a carpenter and farmer; had continued to labor up to the time of his going to Boston; had been seen by me nearly up to this time without my noticing any indications of disease of the heart; had not been visited with any acute disease during his stay at Boston, and therefore I expressed doubts of his having any serious disease of the heart. But on inquiry I was informed that a few years ago he had a long and severe attack of acute rheumatism; and then I admitted—nay, believed, that he might be laboring under an organic disease of the heart. And it was under this belief that, some five or six weeks afterwards, I overtook the Major as he was driving slowly along, and alone, in his open carriage, several miles from his home. His countenance had not the bloated, purplish appearance indicative of obstruction in the circulation of the blood; but the pallid, sallow cast indicative—in the absence of hæmorrhage or other known cause—of disease of the abdominal organs. His



tongue was large, pale, flabby, and without much coat; lips bloodless; there was an approach to a semi-transparency of the fingers; not much emaciation—he was in a state of cachexia; there was evidently a deficiency of red globules, and probably of fibrin, in the blood; in short, had he been a female, of a certain age, my first and only thought would have been—you are chlorotic. His respiration was easy; and, jumping from my carriage, I found his pulse about 75 and regular, with no abnormal sound about the heart other than a slight *bruit de soufflet*, not equal to what is frequently noticed in chlorosis. Ancles not œdematous. I declared positively that there was no important disease of the heart; but at the same time admitted that I did not know what the matter was—offered no conjecture, and drove on.

A week or two after this, say June 17th, his physician being at Bunker Hill, I was requested to visit the Major. There was death in the countenance, yet he was able to walk about, and he declared positively that there was no pain about him, no uneasy digestion, no vomiting; but he had recently nearly lost his appetite, and had been troubled with moderate intercurrent diarrhœa, probably bilious, and rather frequent micturition. His brain did not act right, because, as I thought, it was not duly supplied with good blood. To those who knew him well, he was not Maj. Griswold. Yet a stranger would scarcely have thought him even singular. He was rather talkative, and especially inclined to tell what he had done—what he could do, how he could address an audience, &c., if he only had strength. There was also reason to believe that he was more readily provoked than usual. But these were the only indications of cerebral excitement; and although a year or more before this time he had a temporary congestion of the brain so severe that it received—I think undeservedly—the name of apoplexy or “stroke of the numb palsy,” still I could not for a moment entertain the idea of any real disease of the brain—though fully aware that diseases of this organ are frequently quite insidious and obscure. I tested the urine, I examined the abdomen for tumors and tenderness, I inquired into the whole history of his life, and finally told the Major that I could not make out any disease of the kidneys, liver or bowels, and as for the heart and lungs, in my view they were entirely out of the question. This much, said I, is certain—“somewhere in that process by which food and drink are converted into flesh and blood, there is something wrong; but what or where, is more than I can say.”

I may here remark, that the action of the heart and the respirations were considerably increased by exercise, and there had been some slight œdema of the ancles, furnishing the only grounds which I could discover for suspecting the heart, but which I attributed to the debility and the state of the blood.

For the time being I prescribed hydriodate of potass, but on my next visit I furnished the patient with protocarbonate of iron in the form of Bland's pills, recently prepared, and *infusion* of sarsaparilla, but without faith, for by this time the following considerations had forced me to suspect the stomach to be laboring under some carcinomatous disease. First,

the age and countenance. Second, there was the same tongue, and nearly the same fœtor of the breath, as in the case of Jonathan Daws, of Cummington, who died in 1840, with enormous fungoid degeneration of the stomach and neighboring organs. Third, the Major was evidently most gravely diseased, and there appeared to be quite as much difficulty in locating the disease in any other organ as in the stomach; and as to the whole system, solids and fluids, being equally and primarily diseased, it was repugnant to all my pathological opinions and reasonings. Fourth, Dr. Symonds, in the Library of Practical Medicine, speaks of *latent* cases of carcinoma of the stomach, and says that neither pain nor vomiting is a constant attendant of the disease; and Dr. Gerhard, in a note to this same article of Symonds, says, "There is rarely, if ever, much pain;" which, however, does not accord with my experience—and I have met with five cases among my own patients within the space of five years, four of whom complained of "much pain," and the other of "distress."

After I had told the Major that "I would sooner suspect his stomach than any other organ," he admitted that there was, and for a long time had been, some uneasiness in the region of that organ; but it appears that it was not such that he thought it worthy of mentioning on my first visit. This uneasiness eventually amounted to a distress, which in some small measure prevented sleep; but there never was the degree of pain, or of vomiting, which I anticipated—only a few instances of retching throughout the whole sickness. Alcoholic stimulants did not distress the patient, but on the contrary caused him to feel more comfortable. Yet this fact had but little influence upon my mind, for Symonds says—"Sometimes our wonder is excited, at a *post-mortem* examination, by observing the disorganization of a stomach into which substances apparently the most inappropriate had been taken with impunity, and even with relish." What most led me to doubt the correctness of my diagnosis, as the case progressed towards its fatal termination, was the very moderate degree of emaciation; a bilious diarrhœa of two three days' continuance, which ceased promptly and entirely on taking one small dose of hyd. cum creta with a little rhubarb—the bowels remaining quiet and comfortable for about two weeks, when they were well moved by an enema; and the pale, sallow complexion of the skin, gradually deepening into a decided jaundice. Still, in view of the whole history of the case, I could form no better opinion than the one I had already expressed, and I therefore resolved to abide by that opinion, while the other attending physician as firmly adhered to the opinion of diseased heart. It is true, I thought of the pancreas, but expected that if this organ should be found diseased, so would the stomach, as I had seen in other cases.

On the 12th of August the patient expired, the pulse remaining moderate and the senses entire until near the last. On the 13th, a *post-mortem* examination was made, in presence of Drs. Deane of Colerain, Bates and Taylor of Charlemont, ——— of Heath, Tabor of Shelburne, Toby of Cummington, Trow of Buckland, and myself. In the chest, no effusions, no adhesions, nothing amiss about the heart excepting one slight point of ossification in one of the valves, I forget which, not larger

than half a barley corn. No disease of the kidneys, liver or bowels (so far as the latter were examined), nor of the *stomach*. But the pancreas was diseased in all its parts, firmly adherent to the duodenum, and more than usually adherent to other surrounding parts. It was not on the whole larger, perhaps, than natural, for while some parts of it were larger, others were less, and but for the place in which it was found, it could not have been easily recognized as the pancreas. Externally it was covered with closely adherent cellular and adipose matter, and internally it had wholly lost its reddish, motley appearance, being gristly, dense and heavy. The gall-bladder was so distended with healthy-looking bile as to resemble in shape and size a goose egg, which distension was doubtless owing to obstruction caused by pressure of the diseased pancreas—though search for other cause of obstruction was not made. And it is probable that the bilious diarrhœa was owing to some change in the position of the parts, which removed for a time the pressure of the pancreas from the biliary duct, thus permitting a distended gall-bladder to disgorge an excess of bile into the bowels; and that the diarrhœa ceased, not because the patient had taken one small dose of hyd. c. creta et rhei, but because another change of the relative position of the parts chanced at that time to restore the pressure. No ascites or anasarca. The brain not examined.

This case tends to favor the opinion that the function of the pancreas has a direct effect on the blood, and will serve to lead us to suspect the pancreas in those cases, not uncommon, where the countenance is permanently pale and sallow, but which are not benefited by iron or by remedies addressed to the liver.

That diseases of the pancreas cannot be recognized with any degree of certainty during the life of the patient, is a fact so universally known and admitted by the profession, that I scarcely need allude to it.

*Ashfield, Nov. 27, 1843.*

CHARLES KNOWLTON.

#### METALLIC PASTES FOR FILLING TEETH.

[Communicated for the Boston Medical and Surgical Journal.]

*Royal Succedaneum, Enamel Cement, Bone Paste, Diamond Cement, Mineral Paste, Lithodeon.*

THESE are some of the names of a compound of mercury and other metals, by the use of which, for filling carious teeth, the public have been imposed upon again and again within the last thirty or forty years. With some slight variations, it has always been the same base article, under whatever name it has been presented.

I have always been unwilling to appear as an expositor of the abuses in dentistry which are at all times so much practised around us, except when they have become so excessive that I could keep silent no longer. And although I have witnessed the effects of this mercurial preparation for a long time, since its last introduction into our city and neighborhood, under one or another of the above imposing names, I have forebore to

notice the article in this way till I should be fully satisfied, by repeated examinations, of its nature, and result of its application.

Testimony relative to these points has been so abundant, and has flowed in so fast, of late, that it would be a violation of duty and conscience not to speak out, and speak plainly concerning it.

Teeth filled with this *mercurial composition* are almost immediately changed in their complexion. Front teeth, in a few days after this *cement* has been placed in them, become so blue or black as to be ruined in their appearance, while it is retained, even in cases where the anterior enamel is so perfect that a well-placed gold filling would not in the slightest degree change its natural healthy hue. Back teeth are often rendered so black, even into their fangs, that it is difficult if not impossible to restore them; and all this from the dark oxyd or salts of mercury which are formed from this metal in such a situation. Let one of these lumps of *cement* be removed after it has been placed in a carious tooth a few weeks, or in most cases in less than one week, and it will be found that its hidden surface, which was in imperfect contact with the tooth, will be as black as gunpowder—to say nothing of the offensive state of the tooth itself. But in addition to these effects, which are of the *least* consequence in the list, there follow pain, swelling, gumboils, ulceration, inflammation extending to adjacent teeth, swelling of the glands about the tongue, throat and neck, neuralgia about the jaws, face and temples; and where several large fillings are placed at about the same time in very hollow teeth, even *salivation* is produced in those who are highly susceptible to the influence of *mercury*. All these are effects which I have either witnessed repeatedly, or of which I have obtained accounts from the most respectable dentists in our country. I am even now called from writing, to examine a case—the effects of a large filling of “*lithodeon*,” in which the under surface of the tongue is constantly irritated, and has been several times ulcered by coming in contact with the mercury. And I have a collection of specimens—teeth that have been extracted, charged with “*lithodeon*”—which will fully illustrate the above statement; for I have found it requisite to extract more adult teeth in the course of the last two or three years, on account of the mischievous effects of *mercurial paste*, than for any one other cause, sufficient time having elapsed, since its last introduction here, to show, not only the immediate bad consequences, but very many of the remote.

The testimony of Dr. E. Parmley—a gentleman of high professional reputation in the city of New York—should have much weight in relation to this matter. He has in several instances expressed his opinion publicly concerning it. His language, as quoted in Maury's Dental Surgery, p. 152, is—

“For this operation” (the filling of teeth) “gold is the only substance known that can be permanently relied upon; although there are cases in which tin, and even lead, may be of temporary service when employed with skill and judgment. I regard cements, fusible metals, amalgams, succedaneum, and all other substitutes for the above-named metals, as impositions on the public, never having seen a single operation in which

these substances were employed, which would not have been more permanent, if even lead, the poorest of these metals, had been used ; because it is less subject to decomposition and oxydation, to say nothing of the poisonous qualities of the mercury which most of the others contain. I have never known a perfect master of the art of stopping teeth either to employ or recommend the substances which I here condemn ; and I believe the use of them is almost wholly confined to those persons who are unacquainted with this nice and difficult art."

This mercurial compound is still in use in our city and the country about it, I will not say by dentists, but by a host of impostors, "operators on teeth," whose advertisements fill a part of almost every newspaper ; some of whom perhaps are even ignorant of its deleterious effects, but many of whom know well its qualities, and too well to trust it in their own teeth. It is an article which can be applied by any one who can stop a hollow tooth with wax or putty, and if it could be retained no longer than these, its evils would be very greatly diminished.

I am fully aware that these *cements* or *amalgams* have been used in some cases where they *seem* to be of service ; but here, still, is deception ; for in all such that have come under my observation (and these are very numerous), it can be demonstrated, by an examination of them, that great mischief is going on beneath such fillings, and that a different and better treatment might have been adopted.

J. F. FLAGG.

*Boston, Dec. 5th, 1843.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 13, 1843.

*Dr. Gibson's Introductory Lecture.*—The Professor of the Principles and Practice of Surgery in the University of Pennsylvania, gave an introductory to the course of medical instruction, the present season, which must have been well received by the class, judging from the number and respectability of the committee asking a copy for publication. The discourse is particularly characterized by its good and parental advice to the students, on points essential to their health, morals, and success in the pursuit of professional knowledge in a great city. Dr. G. has lectured valiantly in this discourse on the value of temperance in eating—a crying sin of the land, which has been too commonly overlooked by those guardians of the public who go about doing good. He shows very clearly that going on foot is preferable to riding in a coach. Even horse-back exercise is not to be compared with walking. "Exercise of the kind (riding) is better for the horse than the master," he says ; "and the true way of preserving health is, for each man to depend chiefly upon his own bones, muscles and joints." All this we believe is philosophically true ; yet there is a comfort in riding which very few have the power to resist—and as far as our observation extends, the very learned lecturers on health, who descant so eloquently on the pleasures of travelling on foot, invariably ride them-

selves when they can, which is presumed to be the case with Dr. Gibson. It is so much easier to preach than to practise, that ordinarily people are not apt to follow advice which is not enforced by practice. If Dr. Gibson should utterly eschew horses, he could unquestionably make it fashionable, to some extent, to transact business on foot: his influence in society would do much towards the general observance of a practice which he has enjoined upon medical students. But till that important day arrives, they will better their condition, it is presumed, by purchasing an establishment whenever circumstances will permit.

The general tone of this lecture is creditable to Dr. Gibson, and shows his solicitude for the comfort and well-being of the young gentlemen constituting the University Medical Class. As a surgeon his position is elevated, and his qualifications unquestionable; and in his official character of a public instructor in the department of surgery, few men are his equals in this country. Wishing the institution a prosperous season, we ask all who may be favored with an opportunity, to read Dr. Gibson's discourse.

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*Remedy for Loss of Voice.*—In the first number of Dr. Forry's Journal, some valuable facts are collected to show that hoarseness, and even the reduction of the voice to a mere whisper, may be wholly cured—and speedily too. Even where the voice is broken down, in the technical language of singers, by over-exertion, the original tone, according to the prospects held out in the article referred to, may be quite easily restored. The remedy consists in simply rubbing two or three drops of croton oil into the skin over the larynx, twice a day, till pustules make their appearance. It should be applied to a very small surface, says the editor, and when the pustules "have once made their appearance, it will be sufficient to apply the oil but once, daily, or on every second day. This remedy has been successfully used in cases in which the aphonia had resisted all other known means." "It has been supposed," continues Dr. Forry, "though not on sufficient evidence, that croton oil, in curing hoarseness and aphonia, acts not only as a counter-irritant, but through some specific agency on the pneumogastric nerves, especially the laryngeal branches." This intelligence will be of considerable utility to professional vocalists, and particularly here in Boston, where music is both cultivated and sustained in the most liberal manner.

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*English Army and Naval Medical Service.*—Besides having had a most finished hospital education, the candidate must be *unmarried*, and not beyond 26 years, or under 21 years of age, to be commissioned an assistant surgeon in the English Army. To be commissioned in the Navy, he must have gone through the same educational process, be a single man, and not over 26 years old. He cannot be promoted to the rank of surgeon till he has served three years as assistant surgeon, and one year in a ship at sea; and lastly, no one can be admitted to an examination for a surgeoncy, unless a member of one of the royal colleges. The compensation they get seems but a poor encouragement to enter the service. Promotions are exceedingly slow, and if one has no official influential friends, he may grow gray with expectations.

*A New Cathartic Medicine.*—An apothecary on the coast of Normandy has added a new article to pharmacy. It is simple seawater, taken some leagues out at sea, from a certain depth, which is filtered, to get rid of all its vegetable and animal impurities, and then charged with carbonic acid, like soda water. It is spoken of as being agreeable to the taste, and stronger than Seidlitz water. He calls it *eau de mer gazeuse*.

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*Castleton Medical College.*—The Fall session of Castleton Medical College was closed on Thursday, the 2d inst. The semi-annual meeting of the Society of Alumni, was holden at the College at 10 o'clock, A. M. Jonathan A. Allen, M.D., was elected orator, and Horace Eaton, M.D., substitute; George B. Armington and Simeon A. Cook, M.D., were appointed to present Theses at the next meeting.

The degree of Doctor in Medicine, in course, was conferred on the following gentlemen:—Joseph C. Abbott, Mass.; Robert Cartier, Canada; Abiathar P. Brooks, N. Y.; Frank H. Cole, N. Y.; Daniel W. Colver, N. Y.; Philip K. Edminster, N. H.; Lauriston Gallup, N. Y.; Henry C. Gillis, N. H.; Nathan M. Houghton, N. Y.; Charles B. W. Kidder, Vt.; Alexander T. Losee, N. Y.; John G. Meacham, N. Y.; Thomas G. Meacham, N. Y.; David S. Martin, N. Y.; Jonathan H. Madison, N. Y.; Bartholomew G. McCale, N. Y.; Langdon Sawyer, N. H.; Joel Shaw, N. Y.; Charles A. Scott, Vt.; Ira Strang, N. Y.; Thomas Shannon, N. Y.; Oren S. Saunders, N. H.; Norman Towsley, Vt.; Joshua F. Whittle, N. H.; Henry S. Buel, Vt.; Paul Hubbard, N. Y.—26.

The honorary degree of Doctor in Medicine was conferred on the following gentlemen:—Wm. Tebbits, N. Y.; Alden S. Sprague, N. Y.; James Kenedy, N. Y.; and Thomas Chadbourne, N. H.

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*Death of Dr. Harlan.*—We unintentionally omitted to copy the following from the Philadelphia Medical Examiner of October 28.—Dr. H. was the writer of several valuable communications to the Boston Medical and Surgical Journal.

"We regret to announce the death of Dr. Richard Harlan, late of this city, who died recently of apoplexy at New Orleans, whither he had lately removed. As a man of genuine science, few in the profession, in our country, could compare with Dr. H. As a naturalist he ranked deservedly high both at home and abroad. A resident of Paris at the time his valuable collection of comparative anatomy was destroyed in this country, duplicates of many of the finest specimens at the Jardin des Plantes were immediately presented to him. Dr. Harlan was one of the earliest contributors to this Journal; a number of valuable communications were furnished by him during his residence abroad."

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*Interesting Experiment.*—The *Courrier Francais* states, that a most curious experiment has been lately made in the hospital of the Salpetriere at Paris with a machine invented by Dr. Payerne, called the purifier, the object of which is to purify the air, without renewing it, in hospitals, prisons, mines, diving bells, and, in general, in all places where the air has been vitiated. This experiment, which excited the greatest interest from the important results to be derived from its success, was witnessed by

deputies from the Academy of Sciences, the Administration of Hospitals, and by several distinguished chemists and physicians. Dr. Payerne entirely succeeded in what he proposed, viz., to purify the air completely in an enclosed space without communication with the external air. The thermometer, at the same time, descended several degrees. Dr. Payerne proposes, in a few days, to make an experiment with his machine on a diving bell in the Seine, by which the divers may remain an indefinite time under water without communication with the atmospheric air.—*London Medical Gazette.*

The Physiology of Inflammation and the Healing Process, by Benjamin Travers, F.R.S., Surgeon Extraordinary to the Queen, &c., has been lately published in London; also a new edition of Lawrence on the Eye.

TO CORRESPONDENTS.—Dr. Flint's Report of Cases at the Erie County Almshouse, and Dr. Leonard's Remarks on Bloodletting, have been received.—We must decline the insertion of T. B. C.'s remarks respecting alleged alterations and omissions in his last article on Phreno-Magnetism. By reference to his manuscript, which we return, he will see that there is no ground for complaint in a single instance. He probably sent the first sketch of his communication instead of a revised copy of it.

MARRIED.—Dr. Joseph Palmer, of Boston, to Mrs. Gragg, of Roxbury.—At Sandwich, Mass., Dr. James Ayer, to Miss Martha Bourne.—Dr. Rufus L. Hinckley, of East Boston, to Miss E. A. Fulmer.—Samuel A. Whitaker, M.D., of Phoenixville, Pa., to Miss Sarah Ann Robeno.

DIED.—In Plainfield, Vt., of consumption, Dr. Amherst Simmons, aged 68.—At New York, Dr. Daniel Berkley, 86, formerly of Norwich, Conn.

Number of deaths in Boston, for the week ending Dec. 9, 48.—Males, 23—Females, 25. Stillborn, 4. Of consumption, 4—infantile, 6—marasmus, 3—debility, 2—old age, 4—fits, 4—drowned, 1—typhus fever, 6—canker rash, 1—croup, 2—cholera infantum, 2—apoplexy, 1—lung fever, 3—inflammation of the lungs, 3—disease of the kidney, 1—dropsy, 1—disease of the spine, 1—scarlet fever, 1—inflammation of the brain, 1—unknown, 1.  
Under 5 years, 23—between 5 and 20 years, 4—between 20 and 60 years, 13—over 60 years, 8.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Nov. | Therm.        | Barometer.          | Wind. | Nov. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 22 to 41 | from 29.83 to 29.88 | S E   | 16   | from 36 to 42 | from 29.60 to 29.70 | N E   |
| 2    | 44 50         | 29.15 29.40         | W     | 17   | 39 66         | 29.66 29.69         | S W   |
| 3    | 36 43         | 29.25 29.37         | W     | 18   | 56 66         | 29.27 29.36         | S W   |
| 4    | 27 36         | 29.51 29.54         | N W   | 19   | 38 47         | 29.42 29.46         | W     |
| 5    | 26 33         | 29.56 29.60         | N W   | 20   | 33 48         | 29.59 29.63         | N W   |
| 6    | 22 37         | 29.62 29.64         | N W   | 21   | 37 41         | 28.98 29.44         | N E   |
| 7    | 24 40         | 29.36 29.49         | W     | 22   | 36 40         | 29.03 29.49         | N W   |
| 8    | 26 33         | 29.25 29.32         | N W   | 23   | 34 47         | 29.37 29.37         | S W   |
| 9    | 28 37         | 29.55 29.58         | N W   | 24   | 38 56         | 29.14 29.24         | S W   |
| 10   | 31 33         | 29.38 29.49         | N E   | 25   | 36 44         | 29.35 29.51         | N W   |
| 11   | 34 34         | 29.92 29.37         | N E   | 26   | 29 46         | 29.30 29.55         | S W   |
| 12   | 26 32         | 29.15 29.40         | W     | 27   | 18 26         | 29.40 29.48         | N W   |
| 13   | 20 31         | 29.44 29.51         | S W   | 28   | 20 38         | 29.40 29.48         | W     |
| 14   | 24 32         | 29.56 29.75         | N W   | 29   | 27 33         | 29.23 29.25         | N W   |
| 15   | 17 37         | 29.83 29.86         | S E   | 30   | 23 25         | 29.58 29.76         | N W   |

This has been a pleasant month for November—the weather cold, but favorable for the season. Snow has fallen on six days and rain on eight days. The Barometer has ranged from 28.92 to 29.88. Thermometer from 17 to 66. Rain fallen, 3.63 inches.



*Some Account of an Hysterical Affection of the Vocal Apparatus, with several Cases.* By OSCAR CLAYTON, Esq.—Seventeen cases have occurred to Mr. Clayton, in two groups; the first commencing in February 1841, and the second in October 1842. The subjects of them (children in a charitable institution) were attacked “with a short and almost constant hacking cough, with much pain and distress in breathing, but no expectoration; quick pulse, hot skin, white tongue, and costive bowels. After two or three weeks, during which time these symptoms withstood all the remedies applied, the cough changed to sounds varying in the different patients; in some, resembling the double action of a large saw; in two, a shrill screaming expiration, following a quick catching inspiratory effort, much resembling the cry of a peacock; in another, the sound was such as is produced by blowing into a small metallic tube. In fact, it is difficult to conceive the dissonance and constancy of these sounds.”

Blisters, sinapisms, and a variety of other remedies, were tried without effect. At last Mr. Clayton resolved on imitating Boerhaave's plan at Haarlem. He had the children assembled, and gave them to know that he would apply a red-hot iron to the throat of every one who was not quite well by next morning! All, except two, ran away to their homes; but returned on the following day quite well. The two who remained continued to make the same noise as before, and were soon joined again by their companions. All other means having failed, a spatula was dipped in boiling water and applied to the throat. With most this succeeded; but in two the symptoms continued, and it was found necessary to send them home, where they soon recovered.—*Lon. Med. Gaz.*

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*Atrophy of the Heart in Phthisis*—Dr. Stokes said the specimens which he wished to present to the Society at that meeting were possessed of considerable interest. They were from the body of a man who had died of phthisis at a very advanced age. The heart presented an appearance which he believed had been remarked previously by only King, of London, and R. Adams and R. W. Smith, of Dublin. In the present case there was atrophy, to an extreme degree, of the heart, a condition already remarked as occurring in chronic phthisis, the heart observing the law of the atrophy of voluntary muscles, but what he particularly desired to direct the attention of the Society to, was the atrophied state of the aortic valves in this specimen; they were very thin, and in some places cribriform. The filaments corresponding to the perforations were as delicate as a spider's thread. The tongue of this patient was very red, smooth and dry, but there was no inflammation of the stomach. This appearance of the tongue, usually designated the *beefsteak tongue*, has been also observed in fevers where there was no coexistent gastric affection; it is therefore not to be viewed always as a proof of gastric disease. The cavern in the lung was very large, and contained but little fluid; as it became dry the metallic sounds became audible; in the early stages of the disease, while there was fluid, there was gurgling, and the sounds could be modified by change of position. When the cavern had become dry, the expectoration ceased, but a little before death it was restored, and this was explained by finding in the opposite lung two small recently formed cavities. One hydatid was found in the kidney.—*Dublin Journal of Medical Science.*

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The Water Cure, as practised by Priessnitz, is just published in London.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXIX.

WEDNESDAY, DECEMBER 20, 1843.

No. 20.

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CASES TREATED AT THE ERIE COUNTY ALMSHOUSE.

*Statistical Report of Cases treated at the Erie County Almshouse, Buffalo, N. Y., during the Year commencing October 1st, 1842, and ending September 20th, 1843.* By AUSTIN FLINT, M.D., Attending Physician.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you some account of the medical statistics of the Almshouse of this County, together with a few brief annotations, under the impression that their publication may possess some interest for some of the readers of your Journal. The past year is the first in which any pains have been taken to preserve the data required for statistical analysis, and the plan pursued I find, upon re-examination, at the end of the year, has not been so complete, and in all respects so accurate and precise, as I could wish. Should I continue my connection with the institution, it is my design to bestow hereafter more attention and care upon this subject, with a view to rendering the statistical information which may therefrom be derived more extended and satisfactory. I am not aware whether or not it be the custom generally with the medical officers attached to such institutions, of a minor size, to preserve copious and methodical records of cases. If it be, their publication has seldom fallen under my observation. That a brief summary of such facts in different localities would be both interesting and useful, cannot be doubted. I venture to hope that the present very imperfect endeavor may suggest to others similarly situated and better capable of improving the opportunity, the propriety of furnishing for mutual information the results of their almshouse observations and experience.

The Almshouse of this County receives all the paupers of this city and the several towns of the county who are able to be removed, excepting a few, who, in consideration of peculiar circumstances, are maintained as out-paupers, partially or entirely. Like other similar institutions, the majority of its inmates are the broken-down and diseased victims of intemperance and licentiousness. Many, however, in this locality, are forced to seek refuge there from the effects of protracted intermittents. These are not necessarily of the abandoned class just referred to. Having no House of Correction or Workhouse in this county, criminal offend-

ers, especially prostitutes and vagrants, are frequently committed to the Almshouse. This disgraceful custom will, I trust, by the time this communication is in print, be repudiated for the future by the Board of Supervisors, who will be in session in a few days. The whole number of persons committed to the Almshouse for pauperism, vagrancy, &c., for the past year, together with those of the commitments of the year previous remaining on hand October, 1842, is 546. The population of the city of Buffalo, is 20,000; of the towns of the county collectively, about 40,000. Owing to the location of this place, a great proportion are strangers and foreigners. The average number of inmates from October to April, was 145. From April to the present time, 110.

Much embarrassment and some serious evils have resulted from inadequate accommodations, especially for the sick. This difficulty and disgrace, also, it is hoped, will be removed ere long by the erection of a suitable building for hospital purposes.

The data upon which the following summary is founded, are contained in a Register in which were entered the name of each person brought to the house sick, or taken sick in the house, the disease, habits, date of registration, and discharge or death, with occasional brief remarks. In addition to this, all the prescriptions were registered daily, and the details of some cases of peculiar interest recorded in a case-book. This duty was performed mostly by a resident pupil.

The whole number of cases thus registered, is 305. Of these, 23 were children under 10 years of age. Of the remaining 282, the number of those confessedly or positively known to be of intemperate habits, is 200. The number presumed to be temperate, is 55. The number recorded "doubtful," 28. The number of females, is 106. Number of males, 199.

*Intermittent Fever.*—The whole number of cases, excluding several in which other or consequent diseases had become more prominent, is 63. Of these, the period of discharge, owing to absence of all record, their absconding, or leaving the house before being cured of the disease, is deficient in 11 cases. Of the remaining 52 cases, the aggregate number of days during which, collectively, they remained on the register, amounts to 1146. The mean period, individually, will be 22 days. The longest period in any of the cases, is 85 days. The shortest is 5 days. The average duration is much greater than would be expected in patients of a different class and under different circumstances. In this respect the contrast with the analysis of 33 cases among the soldiers at the military station in this place, which was communicated by the author for the American Journal of Medical Sciences, Nov. 1841, is very striking. The average period in the latter was only  $5\frac{1}{2}$  days. This difference goes to establish an important fact in the history of this disease, which was presented in the article alluded to, viz., that its continuance is favorable to its obstinate persistence. In the cases of the soldiers, the remedy was applied invariably on the onset of the disease; in the patients at the Almshouse, the disease had been in every instance of protracted standing. Much is also attributable to the character of the Almshouse patients, as re-

gards want, exposure, intemperance and recklessness, and the effects thereby exerted upon the powers of the constitution. It is, also, to be remarked that there did not exist the same motives to discharge from the sick register in the one case as in the other; and, hence, they were generally retained for some time after the paroxysms had ceased. Finally, a degree of importance is to be attached, in view of this comparison, to the difference of treatment. This was not the same in all of the cases. In the larger number, probably nearly two thirds of them all, the remedy prescribed was the "precipitated extract of bark," prepared by Carpenter, of Philadelphia, a preparation which professes to embrace both quinia and the other organic alkalies of the Peruvian bark. I have found, after much experience, this preparation to possess equal efficacy as the quinia, and much advantage on the score of economy. It was not administered in large doses. Generally about four grains, repeated morning, noon and evening, until the paroxysms ceased, and then continued twice or once daily for an indefinite period. These facts I state from recollection, not having kept details of the individual cases. In nearly one third of the cases the disease was treated with Fowler's solution, commencing with *eight* drops three times daily, and increasing one drop at every dose until twenty-five or thirty drops were taken, unless the paroxysms were previously interrupted. I have never observed any injurious consequences follow its administration in this mode, and its efficacy in removing the disease has, generally, been satisfactory. In a few cases the ferro-cyanuret of iron was employed, commencing with ten grains, and increasing to twenty, three times daily, conjoined with some aromatic stimulant, as ginger or cinnamon. I have used this article in dispensary and gratuitous practice in numerous instances, and have found it to succeed promptly in many cases, but, by no means, entitled to the reliance due to quinia or arsenic.

Recently I have made trial of a measure, for the suggestion of which I am indebted to my friend, Dr. Reid, of Rochester, N. Y. This is the application of a mustard sinapism to the spine at the commencement of the cold stage. I have found this, in several instances, to shorten the cold stage, and apparently to mitigate the severity of the succeeding stages. Occasionally its effects were remarkable for so simple a remedy. The following case is the most striking which has fallen under observation, the details of which were preserved in my case-book.

*Case of Quotidian Intermittent of long standing, treated solely by Sinapisms to the Spine.*—Michael Donnanagh, Irishman, aged 26, of temperate habits, occupation laborer. Has had the disease most of the time since October, 1842. Entered here April 6, 1843. Had taken various remedies before his entrance, but never obtained any permanent benefit. A sinapism of mustard was applied over the entire length of the spinal column at the commencement of the cold stage, without any previous or accompanying internal remedies whatever. The immediate effect of this application was to mitigate the lumbar pain, and to shorten the cold stage by one half its usual duration. After the application, the paroxysms, which, previously, were quotidian, were suspended for a week. On their recurrence he was treated in the same manner, and had no re-

currence until July 7th, when he had another paroxysm succeeding imprudent exposure. July 9th, another; same application, with same result. Shortly after this date he left the house.

In connection with this subject, I should remark that this remedy was applied in some other cases without producing any apparent good results. As, however, the application is so simple, and not productive of any injurious consequences under any circumstances, it may be recommended as worthy of trial in all cases of this distressing disease.

Remittent fever—number of cases, 2; one infantile.

Amaurosis, from exposure to cold by sleeping at night in the open air, 1. Left the House after 21 days, relieved by the use of blisters and the deuto-ioduret. hydrarg. Patient 25 years of age.

Ascites, 2. Both were connected and probably resulting from protracted intermittent. Absconded while under treatment.

General dropsy, 3. The particulars of one of these cases appear to me worthy of remark, and were preserved in the case-book.

*Case of General Dropsy, relieved by the use of Diuretics and Hydragogues.*—Jesse Brown, aged 58; occupation, weaver. Says he is moderately intemperate. States that three of his sisters and his mother were dropsical. Two sisters have died with this disease. Entered August 22d. Disease had been coming on for six months, and for four weeks has increased rapidly. Abdomen is now greatly distended. Hydrothorax evidently exists; also hydrocele, and cellular membrane of scrotum enormously distended. Œdema of feet, legs and thighs. For four days and nights previous to his entrance, and three subsequent, he was unable to lie in the recumbent posture a moment, from the sense of suffocation and violent palpitation which it occasioned. Sat in his chair constantly during this period. In the last two days the integuments of legs and feet became very red, assuming the appearance of erysipelas, and on the feet large portions of the cuticle became detached and distended with serum. Urine not coagulable by heat or nitric acid. The treatment pursued was as follows:—Nit. potash, sup. tart. potash, ãã gr. x.; p. gum Arabic, p. sacch. alba, ãã ℥j., every *three* hours, administered in decoction of barley. P. gamboge, gr. j.; p. jalap, gr. iv, every three hours. Also, massa hydrarg. gr. iij.; sol. digitalis, gr. j. increasing to iij., three times daily. The above remedies were associated, but given at distinct periods.

In five days the dropsy was so much relieved that he was able to lie constantly, and with his head low. Sept. 6th, he was apparently free from any dropsical effusion; appetite good; and no farther treatment has been pursued up to this date, the 20th.

The above prescriptions occasioned a very great discharge of urine, and very copious liquid dejections. The mouth also became slightly affected. I regretted much not having measured the abdomen accurately on his entrance. His waistbands, however, which were so tight at that time that the compression could not be borne, were found to overlap six inches on his recovery.

Ulcers, 8. They were generally located on the leg, and of that class

so common in such institutions. The treatment, in general, has been, at first, emollient and soothing poultices to relieve the irritability and pain which are generally present on their entrance. Afterwards stimulants and escharotics of various kinds, but commonly nit. of silver or sulphate of copper, together with compression, were made use of, according to the circumstances peculiar to each case.

In this connection I would state, that for the past four years and a half, during which time I have been Attending Physician to the House, not an amputation has been performed; nor have there been but two cases in which, taking into view the issue of the cases, the propriety of amputation admits of any doubt. One of these excepted cases was one of burn, in which, if an operation had been performed, it would have been amputation at the shoulder-joint. The other was the case of an individual so reduced on his entrance that the operation (amputation below the knee) was not deemed proper, for fear the patient would die on the table. In both cases the propriety of not operating was determined after consultations with one or more of my professional brethren.

Cutaneous diseases, 7.

Immediate effects of intemperance, 2.

Gonorrhœa, 6.

Dysentery, 5.

Diarrhœa, 56. Forty-one cases of diarrhœa and 2 of dysentery occurred between the 15th of January and the 17th of April. The disease was characterized by absence of pain and great prostration. It affected more especially the aged, and proved fatal in three persons, all of advanced years. It was manifestly of an epidemic or endemic character, and I know of no cause to which to attribute it, but to the poison of animal exhalations. Owing to the disproportion between the number of inmates and the accommodations, the rooms were excessively crowded. The wards are all heated by close stoves, the ceilings are low, and no means of ventilation excepting by the doors and windows. As is proverbial among this class, all avenues of fresh air are pertinaciously kept closed, excepting when they are under the immediate observation of the officers of the House. In addition to this, the winter was unusually cold, so that the inmates were more constantly in their rooms. In 1841-2 typhus fever was generated, as was then supposed, by the same circumstances, the cases of which were reported in this Journal. The ordinary measures of treatment for the diarrhœa, such as counter-irritation and opium, with vegetable astringents, were of little efficacy. Stimulants and quinia were found most efficacious, in conjunction with opium.

Otitis, 1.

Chronic rheumatism, 5.

Syphilis—primary cases, 17; secondary, 3. In one of the latter cases the form of affection on entrance was ulceration over the tibia, with exfoliations of bone, one of which weighed 131 grains when perfectly dried. Entire recovery took place, but the patient afterwards had ulceration of the skin, superficial, appearing in an annular form, enclosing in the centre sound integument, but gradually extending in an outward and inward di-

rection, until a large circular ulcer was produced. He had several simultaneously. He is still under treatment. Poultices were found to aggravate the disease. The best applications have been solution nit. argenti and dry dressing. He is rapidly improving under this treatment, without any internal remedies. He has taken the comp. decoct. sarsaparilla.

In the other instances, the disease in one case affected the fibrous tissues about the joints, and has been very obstinate. Mercurial fumigations have been of considerable utility. In the other case, arthritis of the knee-joint, with characteristic tubercles, have been the form of disease. This is a case still under treatment. Fumigations of mercurial vapor are now being employed.

Decrepitude and general exhaustion, 2.

Ophthalmia, 9.

Coprostasis, 5.

Excoriation, 1.

Pleuritis, 2.

Delirium tremens, 4. Two of these cases were fatal. One supervened upon severe strangury after entrance. The other supervened upon ulceration on leg, also after entrance. In treating this disease, generally, the distinction indicated by several writers has been observed, viz., its complication with gastritis. The opiate plan of treatment has been followed, conjoined with local depletion and counter-irritation when this complication exists.

Contusion, 3.

Burn, 2. In one the destruction of integument and ulceration extended over more than three fourths of the foot, especially over the external malleolus, exposing the tendons, &c. The phalanges of the little toe and the entire metatarsal bone separated. Yeast poultices were continued for two or three months constantly, and were the only applications made. The patient is now nearly well.

Slight indisposition, 4.

Obstetrics, 9. Two of these were cases of abortion.

Ulcus corneæ, 1.

Pleuro-pneumonia, 1.

Phthisis, 3.

Amenorrhœa, 3.

Menorrhagia, 1.

Frozen feet, 1. Separation of the phalanges of the great toe took place. Patient recovered in 72 days.

Common catarrh, 5.

Icterus, 5.

Spinal irritation, 5.

Worms, 4.

Hemiplegia, 1.

Melancholia, 1.

Erysipelas, 1. Patient had disease of heart—a connection which I have before had occasion to observe.

Epileptic convulsions, 4. All confirmed, of long standing.

Mammary abscess, 1.

Cephalalgia, 3.

Scrofula, 1.

Cynanche tonsillaris, 1.

Disease of heart, organic, 3.

Bronchitis, 2.

Fracture, 3. One of thigh, one of radius, one of rib.

Influenza, 17. These cases occurred between the 25th of June and the 6th of July, during which period the disease prevailed extensively in this locality.

Hemorrhoids, 2.

Lupus, 1. This case, after resisting several applications of creosote, nit arg., &c., was cured under the internal use of the sol. arseniate of potash.

Colica, 1.

Myelitis, 1.

Ulcer of stomach, 1.

Typhoid fever, 1.

Marasmus, 1.

Hysteria, 1.

Dysuria, 1.

Feigned disease, 2.

Pericarditis, with effusion, 1.

Of the deaths, the number recorded is 27. The diseases are as follows.

Miscarriage and intermittent fever a few hours after entrance—one case.

Chronic dysentery of long standing—one case.

Diarrhœa, day after entrance—one case.

Excessive intemperance, and gangrenous ulcer on leg and penis—one case.

Disease of spinal marrow or meninges (registered myelitis)—one case.

Pericarditis, with large accumulation in pericardium, compressing the lung of left side into small solid substance—one case. (An examination was had of this case during my absence, and the particulars were not fully recorded.)

Protracted irritation—two cases.

Typhoid fever—one case.

Delirium tremens—three cases.

Organic disease of heart—three cases. Ages as follows:—one, 70; one, 79; the other much advanced, but precise age not known.

Epidemic diarrhœa—three cases. The subjects were all aged, with constitutions broken down.

Phthisis—three cases.

Ulceration of stomach—one case.

Decrepitude, age 92—one case.

Exhaustion, age 50—one case.

Scrofula, suddenly—one case.



Diarrhœa, accompanying dentition, or "summer complaint" as it is here called—two cases. The subjects were twins, aged 11 months.

Hemiplegia—one case. In this case the patient was about 35 years of age, and was gradually recovering from ulcer of the leg when seized. Copious depletion was employed, and a considerable improvement took place during the five weeks subsequent to his attack. He had recovered a partial control over the paralyzed muscles; but his general aspect was bad. He was much prostrated, *and the muscles of the face had that absence of tonic contractility\** which led to the suspicion that some organic lesion of the brain existed. Suddenly he failed, gradually became comatose, and died about two months after entrance, and six weeks after the hemiplegic attack.

Brain only was examined. Nothing unusual in the appearance of the dura mater; arachnoid universally thickened; pia mater, vessels considerably injected. The cortical substance appeared generally slightly softened (examination twenty-four hours after death), which, however, was more distinctly the case upon the antero-lateral surface of the left hemisphere. The right side was paralyzed. At one point, for the space of a quarter of a dollar, the softening was nearly of the fluidity of pus. Ventricles did not contain an unusual quantity of serum. The basilar artery and circle of Willis presented portions of a cartilaginous firmness. So, also, in sections of the medullary portions, small arterial branches appeared to have an unusual firmness. After a section, small prolongations of the vessels protruded beyond the cut surfaces. I was led to notice these facts more particularly from the coincidence of extravasation and softening with ossification of the cerebral arteries in another case.

The infrequency of *post-mortem* dissections during the past year requires some apology. From the contracted or malevolent views of a former keeper of the House, the subject of examinations after death has unfortunately become the occasion of much excitement, within, and to some extent without the institution. In addition to this, owing to the limited accommodations, the bodies of the dead are obliged to remain in the ward until burial, unless removed for the express purpose of dissection to a small office used as a dispensary, which is much exposed to observation. These circumstances have induced me to forbear this part of my duty, under the hope that better arrangements, and a more enlightened public opinion on the subject, will soon render its fulfilment more practicable and agreeable.

*Buffalo, Sept. 28th, 1843.*

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\* The circumstance italicized in the preceding account of this case, particularly excited my attention. I am not aware of ever having seen it distinctly noticed by medical writers, but I imagine a symptom, which may sometimes be of importance in diagnosis, may be derived from the muscles of the face. The appearance seems to consist in the absence of that tonicity which gives to the face its characteristic expression. We can readily understand why this should occur. The facial muscles maintain peculiar relations to the brain, through which they sympathize in a peculiar manner with the mental emotions, and in fact by the expressions furnish certain indications of the mental condition in a state of health. Now when the brain becomes diseased, we can perceive that this relation may be disturbed. The vis tonica, which is here probably received through the portio dura, is lost to a certain extent, or modified; hence the characteristic appearance alluded to.

## OPERATIONS FOR THE ELEVATION OF THE LOWER EYELID.

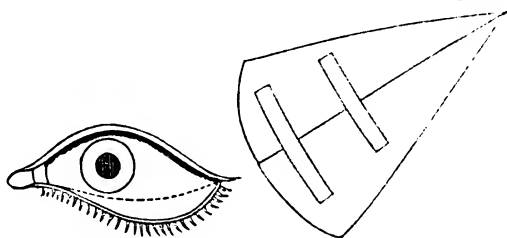
By E. H. Dixon, M.D., New York.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are few operations more gratifying, when successful, either to the patient or surgeon, than those above named ; and as I had no experience, either from practice or observation, at the time of my first operation, and met with a failure at the third, I will briefly communicate my views for the benefit of others.

CASE I.—S. M., aged 40, after a violent contusion on the left side of the face, recovered with almost complete paralysis of muscles, save a slight action of the orbicularis, which enabled him partially to close the eye ; the adnata being constantly injected with blood, from exposure to dust and wind, and all the tears falling over the cheek from the depression of the lower lid.

This cut illustrates the case, with the operation performed for its cure. It is not, properly speaking, a plastic operation, as there was no deficiency of integument, and no eschar below the lid, as in

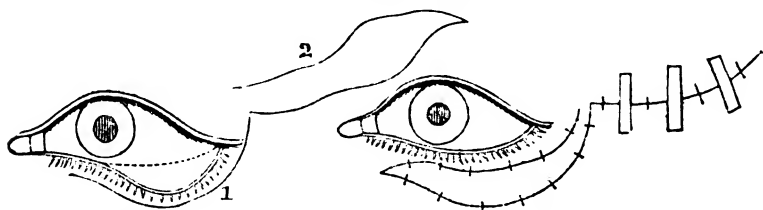


Cases 2 and 3. A piece of integument, of the shape and size indicated in the cut, was removed from the temple, and brought together with sutures and plasters ; it healed by intention, and the difficulty was removed, the integument of the cheek and the lower tarsus being drawn up thereby.

This I conceive to be the only operation applicable to a case of depression of the lower lid from paralysis. It is very simple, and can be done without the slightest difficulty. Doubtless it has been done by others, though I never saw it in the books.

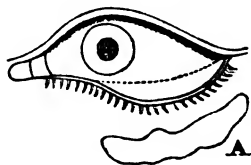
CASE II.—L. W., 23 years old, when an infant was dropped by his nurse amongst some burning flags, which left a large eschar upon his left cheek, and drew down the under lip and eyelid in a manner precisely similar. The tarsus was perfect, and the ball and tears affected in the same manner as in the preceding case. As there was a deficiency of integument in this case, it became necessary to perform a plastic operation, and as I had never seen one of these, with the exception of one performed with success by my accomplished preceptor, Dr. Mott, on the lower cheek, I determined to combine the one illustrated by the first cut, with the plastic operation proper. To do this, all that was needful was to remove the integument to be planted under the lid, from the temple *above a line intersecting horizontally the pupil*, so that when the integument was approximated it would help to draw up the lid. It is very important that the part of the integument to be planted should be *broadest* in the part that will come opposite the *greatest* depression of the lid ; and that it should be abundantly large, because there will be a trifling con-

traction of the two parallel cicatrices left after adhesion ; and if there is any too much, either pressure or a clip with a well-curved scissors will remove it ; but if too small, as will be seen in the next case, another operation must be performed, and this is mortifying to the surgeon and painful to the patient. The cuts illustrate the case. The first shows the integument about to be partially removed from the temple. The young surgeon had better always mark it with ink ; and observe this caution—be careful to cut well down to the muscle in all your incisions, not only that your integument may contain bloodvessels enough to nourish it, but that you may make a sufficient bed for it to lie in under the lid. If the eschar is small, dissect it out by a very elliptical incision, and the deformity will be less. In the cut the reader will suppose the flap too large. I am sure if he makes it less, the operation will not succeed, as will be seen in the next case. If asked why I did not take heed, I can only say that it is not the first failure I have made, and I fear it will not be the last.

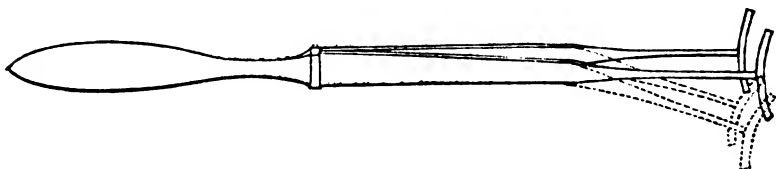


No. 1, fig. 1st, marks the first incision ; No. 2, the flap. In the second figure will be seen the sutures, which must be made with a cambric needle, and holding the integument with a blunt forceps. The sutures must be so slightly inserted that no further notice need be taken ; they will be washed out at the first dressing. They must be as numerous as in the cut. Sutures as well as plasters must be used on the temple whence the flap was taken. This case was successful.

CASE III. was the result of a large boil or abscess, in infancy, below the lid. Patient 18 years old. Appearance as represented by the cut. A marks the eschar ; tears fall over the cheek. The operation was the same as the last, only the flap being too narrow, but partially answered the purpose, and it was necessary to remove a V shaped portion of the tarsus to restore the lid, which it did effectually.



I will only add, that these operations, as well as all others about the face, and in all other situations where accurate incisions are necessary, are greatly facilitated by a forceps like this.



It should be of a sufficient length, and made with two concave blades

or shafts. I mean concave in the opposing surfaces that seize the skin, as well as curved to the eyelid, and the shafts also curved. After operating once for hemorrhoids or varicocele with their aid, the surgeon would never wish to be deprived of them.

December, 1843.

# BLOODLETTING.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Believing that the following saying is too true with regard to many of us who practise medicine in New England, I suggest a few remarks on the subject of *bloodletting*, which, if you deem of sufficient worth, may have place in your valuable Journal.—“We live in an age in which the fear of *debility* causes a prodigal use of *stimulants*, and this, too often, at the expense of the health and the life of the patient.”

Lime Rock, R. I., Dec. 7, 1843.

Respectfully yours,

JOHN P. LEONARD.

A certain class of charlatans (very numerous in this vicinity), undertake to teach the doctrine that nature never allows of a superabundance of blood in the sanguiferous system, and that the demands of the animal economy are always in exact ratio to the quantity of this fluid—that to draw blood in disease, when there is plethora or over-distension of the circulating vessels, is an infringement on the laws of health; robbing the vital element of its strength, and breaking down the recuperative powers, &c. But let us not be drawn aside by such hypothetical reasoning, nor let us be biased by the fears that our patrons may have cherished in imbibing the theories of quacks; rather let us boldly carry into effect the grand principles which we have received from the shrine of true science; for by this last course *alone* can we expect to benefit our patients, and acquit ourselves as honorable men.

Very many are the disorders depending on, and originating from, plethora, and over-distension of the circulating vessels. This is the fact in most febrile diseases; there is this *over-distension* in *all* cases of inflammation. How many are the disorders that require the subtraction of blood! For in all the diseases embraced within these wide limits, when we reduce the quantity of blood in the disturbed vessels, the result is good. The vessels then have an opportunity to contract, the size of their diameter is diminished by taking from them this superabundance, so that the circulating system becomes stimulated, and they take on healthy action; consequently the plethora or inflammation is entirely overcome. I said when the vessels are relieved, they contract, and that this diminution of their calibre is an important change towards health, because this portion of the body is *strengthened*, if I am allowed the expression. That the bloodvessels are capable of contracting, is apparent, for they possess muscular fibre, and, as might be concluded, all the qualities be-

longing to muscularity. Their contraction may be explained by that of the uterus, which, when relieved from distension caused by the fœtus and its appendages, immediately returns to its normal state and dimensions.

Again, *hemorrhages* also demand the abstraction of blood. We are told that we have "but one mode of explaining the effusion of blood ; as it can take place only through the vessels that pour out the mucus, the serum, &c., on the surface of the different mucous, serous and other tissues—vessels, the existence of which cannot be doubted, though we are ignorant of their structure and arrangement." Does not nature, indeed, imitate the curative process, when she allows the effusion of blood for the relief of this abnormal action ? But because she *does*, we are not to rest the case in her hands ; but to bring the aid of our art, and storm the enemy with united forces. In nine cases out of ten we shall be the victors, if we do this in incipient attacks. In all the instances referred to, I have anticipated other treatment besides bloodletting, as a matter of course ; for in hemorrhages I depend almost as much upon nauseants, as upon the remedy now in question. On these points I presume to be understood.

Let those who *fear* debility *avoid* it—let them be cautious how they produce it in administering those substances which have a direct tendency to excite the disease which they attempt to cure. We stimulate, or, in other terms, strengthen the body, when we remove the *cause* of the malady preying upon it—it is not less true that we cause debility in the opposite way. For if we give to a patient, laboring under an inflammatory disorder, bark and wine, we shall be sure to bring on debility ; but if we employ what is termed antiphlogistic treatment, we give a chance to recover by stimulating in an indirect manner.

I think it very important that we always (if we can) bleed the patient in the sitting or more erect posture, as the necessary impression is earlier made, than when he is in the recumbent posture. It is certainly economical practice to do what is indicated with as little loss to the patient as possible. Hence, in most cases, I should take blood from a large orifice, while the patient is erect, for the reason just given, and I think it furnishes a good diagnosis, enabling one to decide whether the disease is inflammatory, or irritative, in its character. We also can better judge as to the quantity we shall take if the patient be standing, for the reason above cited ; the effects are earlier manifested. We can never premise the exact quantity of blood necessary to be drawn, nor the time when we must lay aside the lancet for those medicines directly tonic in their nature, till we have the case in hand ; and then we have no fixed rules, but are to be guided by "general principles." We are to consider the nature of the disease, the constitution of the patient, and should not forget that the *stage* of the disease is of the utmost importance to be kept in mind.

When diseases are of a mixed nature, it is obvious we should not carry the bleeding to the extent which an inflammatory disease (one purely so, I mean) would demand. Here, frequently, we conjoin local and general bloodletting with great advantage. In disorders depending wholly upon irritation, *general* depletion must not be attempted ; and there are many

cases of this sort, where the least subtraction of blood would be injurious. As I have a case in mind, illustrative of this point, I will give it here.

August, 25, 1840. Miss N., aged 20, has been ill for some time. I was invited to see her by her physician to-day. She is now laboring under hysteria. A white coat covers her tongue, skin hot and dry, pulse 100. She was immediately bled  $\frac{3}{4}$  x. Her mind soon became clear (she was delirious before) and was free from pain.\*

Dr. ——— afterwards informed me, that in about six hours after we left, he was again called to his patient, whose symptoms had then become evidently aggravated. She appeared quite insensible; there was almost a burning heat upon the surface of the body; pulse 130. The vein was again opened; the blood flowed for a few seconds, then ceased, the ligature remaining upon her arm. Means were employed to get more blood, but proved unsuccessful. *A dangerous reaction ensued.* From this time, says the doctor, the plan of treatment was changed. Tonics and nervines were administered, and after a long time she recovered.

I mention this case to show how much caution is required in the use of the sheet anchor, as the lancet is often styled. Had this patient been bled in the erect position, syncope would probably have come on before she had lost five ounces of blood, and proved at once the nature of her disorder, which was one of irritation, *one in toto forbidding depletion.*

In the brief survey we have taken of this subject, we have sufficiently established the following principles.

First, that in inflammation, in all inflammatory diseases, in hemorrhages, and in all disorders where that state obtains which we term plethora, blood-letting is indicated. In *some* of these cases we had better take blood from an artery, but *generally* from a vein.

Secondly, it will often be advantageous to conjoin *local* with *general* bleeding—there are instances where it would be best to neglect general bleeding, and rely entirely upon the local methods. I mean at such times as the indications of cure can be answered by these means, and when the condition of the patient will not admit the loss of much blood.

Thirdly, if the disorder is one of a mixed nature, partaking of the inflammatory character, and at the same time maintaining irritable symptoms, to avoid re-action we must depend *commonly* upon cups and leeches.

Fourthly, when diseases are altogether irritative, bloodletting is a *dangerous practice*, and likely to aggravate the disorder.

#### DEFORMITY OF THE SHOULDER IN GIRLS.

[MR. LAMBERT, who communicated the following note, is a popular lecturer on elementary anatomy and physiology, which are illustrated by the finest manikins, probably, which have been imported into this country. He claims it as a discovery, that a vice in dress with which the civilized world is familiar, is the cause of a deformity which is the subject of this

\* Her pulse fell to 90, though its quickness did not abate.

article. If subsequent observation establishes the truth of it, he is entitled to the consideration of the whole community.]

The prominence and consequent deformity of the right shoulder in girls, young ladies and women, are generally said to be produced by the greater exercise of the right arm in playing on the piano, embroidering, by leaning upon the right elbow at school, and other like causes; which is not, however, correct, since boys and young men use the right arm more than they do the left, to as great a degree as do girls. Girls, also, who are left-handed have the right shoulder projecting, as much as other girls; and the printer who works at the press and uses the right arm very much, and at very hard work, is not deformed in this respect, as far as I have been able to judge. The true cause is the manner of dressing now practised, for the organs under the belt, and thereabouts, being much crowded out of place, infringe on the parts next adjoining. Thus the liver, stomach, &c., being pressed upwards, prevent the free action of the diaphragm, and the lungs are prevented from inflating in a downward direction. To prevent, in a degree, the injurious effects that would follow, Nature causes the chest to grow out, upward and backward in particular, causing the shoulder-blade to project. Of course, as every one knows, the liver being less yielding than the stomach, and this last organ being sometimes full and sometimes empty, there is a more constant, and, indeed, greater effect produced upon the right lung than on the left, and consequently upon the right shoulder than upon the left. This is important in tending to show that beauty of form is not produced by a tight dress, but that great deformity is produced. There may be other causes occasionally acting which produce similar results, though but seldom.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 20, 1843.

*Dropsical Ovarium.*—Through Dr. Sewall, of Washington, two pamphlets have been received, written by D. H. Walne, a London surgeon of growing eminence, bearing the title—"Removal of a Dropsical Ovarium entire, by the large Abdominal Section." Both had been previously received in the pages of the London Medical Gazette, in which they first appeared, and one of the cases has been copied into this Journal. We are exceedingly obliged to Dr. Sewall, however, for the pamphlets, and especially for the loan of a letter from Mr. Walne, dated October 27th, which makes reference to this important achievement in modern surgery.

After some general observations, Mr. Walne remarks—that "the operation which you would have witnessed but for being postponed for a few days, was perfectly successful, though the ovarian tumor much exceeded in magnitude either of those I had before removed, being 28 pounds in weight. The incision required was 14 inches long, and the wound united substantially, by the first intention, from end to end—barely leaving space for the ligatures of the pedicle to hang out. These came away on the

thirty-third day, and the patient, having been remarkably free from untoward symptoms during the whole period of recovery, is now well, and alert in walking and other exercises. She was under 20 years of age. You can readily conjecture how happy she is in having got rid of such an incumbrance. The catamenia re-appeared a few days after the operation, and again at the following regular period, and, as the other ovary was found to be quite healthy, there is no reason why she should not some day become a mother.

"The remarks with which you favored me respecting the postponement of the operation, gave me great satisfaction, since you had sacrificed your travelling arrangements to be present at it; and I naturally regretted any disappointment under such circumstances. To have obtained, in any degree, the good opinion of one, who has had so much experience of the world and in the profession, will always afford me pleasure.

"Permit me to subscribe myself, with much esteem, yours, faithfully,  
D. HENRY WALNE."

In the Journal for Nov. 15th, a minute report of this operation was inserted; still we were unwilling not to avail ourselves of Mr. Walne's letter, as a kind of finishing appendage to that report.

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*Diseases of Children.*—Dr. Stewart's Practical Treatise on the Diseases of Children, has made its appearance in a second edition, carefully revised and enlarged.

It is complimentary to the author, exceedingly so, that this work meets with the approbation and increasing patronage of an intelligent profession. Without interfering with the ground especially claimed by other writers, Dr. Stewart has pursued a wise, independent course, giving credit where it is due, but never makes himself obnoxious by misrepresenting or underrating the acquirements of others in the same field of investigation.

Those who are conversant with the diseases of childhood have ample opportunity for exercising their skill and conferring the highest order of benefits on distressed families and sympathizing friends. The maladies appertaining to infancy, and the phases through which they pass, as the little patient advances in life, are of no common interest to a conscientious practitioner. He who saves a child, saves a citizen; the State reaps the advantages of his attainments. Notwithstanding all that has been said, and may be written, of the facility with which the diseases of childhood can be met, it is the unanimous opinion of discreet, observing physicians, that no branch of the practice of medicine is so essentially important in a civilized community. A little dosing with this or with that, on the cowardly presumption that no harm will ensue from it, is absolutely criminal. An exact observer perceives in such irresponsible treatment, the ignorance of the physician, and the precipice to which the innocent sufferer is crowded by one who shields himself behind the curtain of a diploma, should his inability be detected, or his arrogance become the subject of conversation. Practitioners must study the diseases of children with unabated energy—and keep studying, too, since there is no stopping-place from whence they can look back with triumph and proclaim that they understand it all. No—the variations of temperature, occurring as frequently as there are hours in the day; the character of the food on which they are sustained, also changing with their advancement in age; the



clothing in which they are dressed, subject to the caprices of fashion ; and lastly, the contingencies which interrupt the harmony of the machinery at all periods, and on the most unlooked-for occasions, demand an intense devotion to these little ones when placed under the eye of a physician.

To meet all these difficulties, therefore—to be armed with the panoply of scientific truth—it is a duty to avail ourselves of the wisdom and experience of all who are worthy of respect in this particular department of practice. This treatise by James Stewart, M.D., published by Messrs. Langley, New York, is eminently calculated to meet the expectations and the daily requirements of one who is ambitious to prescribe understanding for the diseases of childhood.

*Revised Statutes of Massachusetts.*—Messrs. Tappan & Dennet have kindly sent us a copy of a handy little work with this title, which also includes all the additional laws enacted to the present time. Chapter XII. has reference to the practice of physic and surgery in Massachusetts, and is arranged in the form of questions and answers—thus :—

“ Who shall prescribe a course of medical and surgical instruction, and the qualifications of candidates for the practice of physic and surgery ? *Answer.* The Massachusetts Medical Society.

What shall the Counsellors of the Society appoint ? *Answer.* Censors to examine candidates and give letters testimonial.

What may a physician or surgeon, duly qualified according to the law of this Commonwealth, or any medical student under the authority of any such physician, have in his possession ? *Answer.* Human dead bodies, or the parts thereof, for the purpose of anatomical inquiry or instruction.

What may the Selectmen, Board of Health, Overseers of the Poor, Directors of Workhouses, Directors of the House of Industry, Mayor and Aldermen of the city of Boston, do with such dead bodies as are required to be buried at the public expense ? *Answer.* They may surrender them to any regular physician, duly qualified according to law, to be by him used for the advancement of anatomical knowledge.

In what cases shall no such body be surrendered ? *Answer.* When the deceased, during his last sickness, requested to be buried. When any kindred or friend shall request the body to be buried. When the deceased was a stranger or traveller, who suddenly died without making himself known.”

*Principles of Medicine.*—That well-known and excellent treatise, entitled—“ *Principles of Medicine, comprising General Pathology and Therapeutics, with a brief general view of Etiology, Nosology, Semeiology, Diagnosis and Prognosis*, by C. J. B. Williams, M.D.,” has been re-published at Philadelphia, by Messrs. Lea & Blanchard. Notes and additions are made by Meredith Clymer, M.D., Physician to the Philadelphia Hospital.

Book-buyers are becoming prodigiously restive under the modern infliction of notes by American physicians, appended to splendid productions of foreigners. It is sometimes like sticking a pebble to the side of Bunker Hill Monument, and then boasting of having enlarged the structure beneficially. Some sharp things are said in regard to this extensively-practised system of literary ponderosity. However, this volume

has not been tortured in that respect ; but since the thing is in mind, there is no special harm in mentioning the fact, that second-edition authors, they who manifest a desire to be dragged to the top of the edifice by holding to the skirts of a distinguished pioneer in some department of medical science, by which their names are raised to merited distinction, are threatened with a severity of treatment that will be hard to bear.

In this instance, Dr. Clymer has rendered good service, which is tangible ; he has supplied parts which were omitted by Dr. Williams, and thus gives a finish to the labors of an eminent writer, whose worth is appreciated by a discerning medical public.

In point of typographical finish, it is a handsome volume, and a cheap one, too. Our New England friends will find it at Ticknor & Co.'s, Washington street.

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*A new System of Medical Science coming.*—The editor of the *Botanico-Medical Recorder*, in announcing a course of lectures which he proposes to deliver, says that—"This, of course, involves the principles of Neurology and Mesmerism, and lays the foundation for correct principles and practice in medicine. In the light of these subjects, we shall examine the old school principles of medicine, and we shall respectfully invite their advocates to defend them if they can, while we shall build up a system of medical science and practice, that 'will stand a tower of strength, unharmed amidst the rude shock of opposition's bursting wave, through all succeeding time,' and all these propositions we shall establish by living testimony which cannot be rejected."

He waxes warm in his bold determination to ascertain who is who in the great reform he intends to accomplish. For originality of design—for energy in attempting to drive the world before him—he is without a competitor. If Cincinnati is taken by storm, the inhabitants will have no mercy shown them. It is emphatically, come and live—or, go and die.

In the prosecution of this enterprise, he says—"and the accomplishment of its glorious object, the redemption of this community from the withering curse of the lancet and calomel, which slay more of their number and ruin more that escape death, than all the other causes of disease and death put together, but one thing is wanting, viz., the regular presence at these lectures, and the bold advocacy of our doctrines and practices, by those who are fully persuaded of their truth and superiority. Shall we see you in these meetings, or will you meanly shrink from attending them lest some fool who loves darkness rather than light, who calls bitter sweet and sweet bitter, who prefers misery and death according to fashion, to health and life according to common sense, might sneer and point the finger of scorn at you?"

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*McLean Asylum.*—William Appleton, Esq., of Boston, has given to the Trustees of the Massachusetts General Hospital \$10,000, the income of which is to be expended in behalf of such patients of the McLean Asylum for the Insane, as have not the means of remaining there for an entire cure.

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*Different Causes of Insanity in France.*—At a sitting of the Academy of Sciences, Aug. 7th, M. Moreau de Jonnes read a paper on the differ-

ent causes of insanity. They were taken for the year 1841, and in order to render the result more exact, only one half the number of patients was computed; as regarded the other half, the causes being considered doubtful or unknown.—1st, Physical causes—idiotism, 2234 cases; epilepsy, 1137; drunkenness, 792; excessive irritability, 665; decrepitude, 541; poverty, 329; onanism, 293; fever, phthisis, 245; over-exertion, 176; blows and wounds, 155; other causes, 408—total, 6964. Calculated on 1000 cases, idiotism offered 321; epilepsy, 163; drunkenness, 114; excessive irritability, 94; decrepitude, 78; poverty, 47; onanism, 42; fever, phthisis, 35; over-exertion, 25; blows and wounds 22; other causes, 59. 2d. Moral causes—grief, 1186; love, jealousy, 767; religion, fanaticism, 471; ambition, 314; pride, 291; politics, 118. Taking 1000 cases, grief produced 377; love, jealousy, 224; religion, fanaticism, 150; ambition, 100; politics, 37. Thus, on a total of 10,111, physical causes acted 6964 times, and moral causes only 3147. Or, on 1000 cases, the former produced 698.8, the latter 314.2. On examination of the causes generally, we find that none are of recent origin, none are indigenous to the country in which we live, and as the same causes produce the same effects, it is rational to conclude that insanity, like other evils, is inherent to our frail condition, and that the progress of civilization cannot be considered as a cause of insanity.

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*Syringe for the Mouth.*—There are unmentionable associations connected with the *syringe* in its common shape—a serious objection to its use about the mouth. The objection is removed, by so altering its form that it may not be recognized as a *syringe* by the patient. We have one of those pear-shaped, gum-elastic bottles, or sacks, such as are sold by the apothecary, which will contain, perhaps one-fourth of a gill: in the neck of this is fastened one end of a silver tube, two inches long and one-eighth of an inch in diameter; to the other end are fitted several thin tubes, of different curves and sizes. When we would use the instrument, we collapse the sack by pressure in our hand—insert the free end of the larger tube into water, and uncloze the hand—when the sack will regain its former shape, filled with water. The small tube we would use, is now inserted, and the syringe is ready for use—the water being forced out at pleasure by merely closing the hand that applies the instrument. When neatly made it is far preferable to those in common use, on account of its convenience, appearance and its simplicity; and it does not cost one fourth as much.—*Journal of Dental Science.*

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*Nervous System.*—M. Longet sent to the French Academy of Sciences, on the 4th of September last, a work on the nervous system of men and animals. The author confirms, by a variety of experiments, the correctness of the opinions of Bell on this interesting, but still imperfectly understood subject, and throws out many ideas, which may lead to other researches, and to results of more practical utility than any that have yet been obtained, as to the precise influence of the nerves on the human body, whether in its normal or abnormal state. One of the facts mentioned by M. Longet is, that the motive force of the nervous system, brought into

action by galvanism, is always centrifugal, while the passive or sensitive condition of the nerves takes an opposite direction.—*Philadelphia Medical News.*

**Medical Miscellany.**—The average excess of births over deaths in England and Wales, in 1841, per day, was 408.—Dr. John Appleton is lecturing with a manikin, very satisfactorily, in the country towns.—D. B. McCarter, M.D., of Goshen, N. Y., has gone to China as a medical missionary.—A boy died recently at Patterson, N. J., of hydrophobia, who had been bitten only about a month before.—A young German arrived at New Orleans, recently, from St. Louis, who believed himself followed by an invisible person, who had Mesmerized him in London. He called on Judge Jackson and asked for protection.—Alexander S. Wetherspoon, of New York, has received a commission of Assistant Surgeon, in the U. S. Army. Dr. William Maffit, Assistant Surgeon, has resigned and left the service.—A boy at St. Augustine, under the influence of an emetic, threw up two centipedes—one of them three inches long, and both alive and active.—Efforts are making at Portland, Me., to organize a natural history society. Dr. Mighels offered to deposit his extensive cabinet of skulls, numbering between five and six thousand specimens. Dr. Mitchell is Treasurer.—The Thomsonians propose holding a great convention at Philadelphia, on the 6th of February.—Who is Dr. Dods?—Over three hundred students have matriculated at Jefferson Medical College, in Philadelphia, the present season.—A man is still living near Greenville, S. C., who was 45 years old at the time of Braddock's defeat. He is now 136 years of age!—The physicians of Orleans County, Vt., hold their annual meeting at Irasburg, Dec. 28th.—A member of Congress from Illinois, is represented to be seven feet two inches tall.—Dr. McIlhenny has published a pamphlet at Springfield, Ohio, on the milk sickness, or trembles, which will be more particularly noticed hereafter.—A beautiful edition of Sir Astley Cooper's treatise on dislocations and fractures of the joints, has just issued from the press of Messrs. Lea & Blanchard, Philadelphia.—Smallpox has appeared at Fonda, Montgomery Co., N. Y.

**TO CORRESPONDENTS.**—Dr. Patterson's paper on Asthma, Dr. Paine's on Chemistry applied to Food, and Dr. Slack's on Milk, will have an early insertion.

**MARRIED.**—At Ipswich, Mass., Dr. A. H. Wildes, to Miss W. Dodge.—At Norwich, Conn., Dr. A. B. Haile to Miss Mary H. May, of Savannah.—At Mt. Desert, Me., Dr. John P. Mooney, of New Hampton, to Miss Sophronia Doliver, of Boston.—At Troy, N. Y., James Christie, M.D., to Miss Margaret A. P. Buel, of Troy.

**DIED.**—In Brookline, Dr. William Eustis, 32.—In Hopkinton, Dr. Thomas Bucklin, 71.—At Rocky Hill, Ct., Dr. Daniel Fuller, 68.—In King George Co. Va., Dr. Dale.—At Rahway, N. J., Dr. Martin, by suicide—an eminent practitioner.

**Number of deaths in Boston, for the week ending Dec. 16, 34.**—Males, 18—Females, 16. Stillborn, 4. Of consumption, 3—Inflammation of the brain, 1—lung fever, 4—hooping cough, 1—measles, 4—Inflammation of the bowels, 1—typhus fever, 3—debility, 1—rupture, 1—croup, 1—dropsy, 1—bilious fever, 1—Inflammation of the lungs, 3—tumor, 1—teething, 1—apoplexy, 2—infantile, 1—burn, 1—bilious colic, 1—unknown, 1.

**Under 5 years, 16—between 5 and 20 years, 1—between 20 and 60 years, 15—over 60 years, 2.**

*A few Observations on Encysted Hydrocele.* By ROBERT LISTON, Esq., F.R.S. Surgeon to University College Hospital.—Mr. Liston is inclined to believe that some of the collections of fluid in the scrotum are more intimately connected with the testicle than has generally been supposed. He observes, "Some nine or ten months since, I was consulted by a healthy-looking gentleman, beyond the middle period of life, on account of tumor of the scrotum. There was plainly fluid on both sides. The largest cyst was punctured, and gave exit to some eight or ten ounces of thin fluid, which might be compared to distilled water with a little soap diffused through it. The other side of the scrotum was punctured a few months afterwards, and, as far as I can recollect, ordinary looking serum, to the extent of five or six ounces, was discharged.

"A short time since, the patient returned, to have the original cyst again emptied. About the same quantity of fluid was drawn off, and of the same quality as at first. This fluid was examined chemically, and scarcely a trace of albumen could be detected.

"On the second day a minute quantity was put in the field of the compound microscope, and my surprise was great indeed when it appeared quite full of spermatozoa; there were, besides, to be detected some of the primitive cells in which the spermatozoa are developed, and a certain number of mucous globules.

"It is to be regretted that the microscopic examination did not take place immediately after the fluid was obtained, so as to have ascertained whether the animalcules presented their usual liveliness of motion."

In a postscript, Mr. Liston informs us that the preceding observation has been confirmed by the examination of the fluid from a small cyst above the testicle of a man 33 years of age. The fluid here was nearly colorless, and contained numerous spermatozoa, some of which continued to move for a considerable time after the cyst was evacuated.—*Med. Gaz.*

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*Efficacy of Warm Injections in Stricture.* By FRANK HUDSON, Brompton.—I read some short time back, in one of the medical periodicals, an account of a case of stricture, in which the medical gentleman in attendance found use in applying a warm fluid to the strictured portion of the urethra, through the means of an ordinary catheter.

Now it struck me at once that an instrument much more fitted to the purpose, and much more likely to succeed, would be a catheter with its orifice at the extremity instead of at the side as is usual.

I had one made, therefore, and for greater convenience a stop-cocked syringe, holding about an ounce, fitted to its other end.

My mode of applying it is this: I fill the syringe with some warm bland fluid (oil or barley-water, for instance,) and I then connect it with the catheter, and gently pass the latter down to the stricture. The moment I feel the resistance, I turn the index-finger of my right hand (steading the penis with my left), and propel a jet of the warm liquid upon the strictured portion with moderate force, taking care, of course, not to press the apparatus forcibly against the urethra, but keeping all firm and "well in hand."

I have tried this in four cases, and several times in each case, in which I had before failed entirely in passing the smallest catheter, and in all with decided and instant success, the instrument always passing freely, and without the slightest pain.—*Ibid.*

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No. 21.

CHEMISTRY, APPLIED TO THE FOOD OF MAN.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When you may have the necessary space in your valuable periodical, I shall be obliged by the insertion of the following paragraphs from my contemplated work on the *Institutes of Medicine*.

4. The beginning of organization is in the vegetable kingdom, which is the ultimate source of nourishment to animals.

5. From the foregoing law (4) arises the great fundamental distinction between plants and animals; that the former subsist on the elements of matter, whilst the latter are nourished by these elements in an organic state.

6. The precise analysis of the most simple organic compound, solid or fluid, is very difficult, and always liable to doubt.

7. If an animal compound be decomposed, the re-union of the elements into an animal substance requires the agency of vegetable and animal organization; and, not only so, but nothing can re-produce any given animal compound but the precise part of the same species of animal which gave origin to the part so decomposed.

8. Plants, it is true, derive much of their nourishment from organic compounds, but, before they can be appropriated to the uses of plants, the organic compounds must be first subjected to chemical decomposition through the influence of extraneous agents, and are only taken into the organization of the plant in the state of mineral substances; and, even then, all binary combinations (29) must be decomposed before the renewal of organization can begin. Just the reverse of this, however, obtains with animals, however the elements may be subjected to changes amongst each other, or to the separation of some from compounds embracing more than three in intimate union. There is never present, therefore, in the animal organization, as a source of supply to that organization, any mineral substance; for, whatever mutations the materials of supply may undergo, their elements always exist in a state of intimate ternary combination, at least, which is the most simple of organic compounds, and can never constitute a mineral or inorganic substance.

9. Hence (8) the great fallacy of attempting, by the analysis of food, to indicate the proper sustenance of man. It is founded upon a wrong conception of the economy of vegetable life, and thence reasoning from a

mistaken coincidence of principles (which exist in the two organic kingdoms in a strikingly modified state), to their more analogous results.

Since, however, plants subsist upon mineral substances, the chemist may successfully indicate those inorganic and organic compounds, which will yield to any given species of plant (whose general elementary composition may be more or less ascertained), the elements that go to its nutritive economy. But, from the fundamental distinction between plants and animals (5, 8), it is obvious that no such thing can be done in relation to the latter. No better practical proof of this can be wanted than the perfectly indigestible nature of many compounds which contain the requisite elements. Such compounds, upon the chemical philosophy, include many virulent poisons in the vegetable kingdom; aye, and many of the stones whose binary compounds embrace numerous elements (29). We need not, indeed, go any farther than the recent fallacies of Dr. Beaumont, in his direct experiments upon the gastric juice, conducted within the living stomach itself (620), to show that the whole of this subject of human nutriment must be left to natural experience. Consider, also, the well-grounded maxim, that "what is meat to one may be poison to another." And, again, consider that 1000 Abyssinians subsisted for two months upon gum Arabic alone; that the Nomade Moors live almost exclusively upon gum—the Californians and Atlantans upon acorns; that emaciated individuals have recovered their flesh whilst subsisting exclusively upon arrow-root; besides many other analogous examples which may be found in my *Medical and Physiological Commentaries, Vol. I., p. 692—698*. In many of these cases, other organic substances must, of course, be taken along with water, or through other media which are not sufficiently obvious to engage attention.

10. The whole of the foregoing distortion of Nature has proceeded directly from the laboratory, and has been seized upon by physiologists as a precious substitute for all that accumulated knowledge which had been supplied by the endless variety of natural phenomena. But, amongst those phenomena there are some, besides the foregoing, which appear to have escaped the consideration of all, and to which it would seem that the chemical philosophy must yield. I shall, however, mention but one, which will readily suggest an ample variety of a similar nature.

I say, then, it has not occurred to the chemical physiologist, that the elementary composition of animals is about alike (at least in all mammalia), since he has restricted his experimental observations on food nearly to man alone. Now, the composition of all mammalia being alike, at least to the chemist, it should follow, I say, upon his premises, that what is suitable food for a horse should be equally good for man, and *vice versa*. The dilemma need not be farther indicated.

MARTYN PAINE.

*New York, Dec. 1, 1843.*

## ASTHMA PRODUCED BY IPECAC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have observed in a late No. of your Journal, a communication from Uriah Turner, M.D., entitled "Asthma caused by Ipecacuanha," illustrated by his own case, in which he observes that "he has reason to believe that these effects are new to a majority of the profession." Having for a long series of years suffered most severely in a similar manner from these singular effects of ipecac., and having made them the subject of long and anxious reflection, I take the liberty of forwarding to you a brief statement of my experience and observation on this singular, and to me painful, subject.

Yours respectfully, &c.

Homer, N. Y., Dec., 1843.

ASHBEL PATTERSON.

I have been to some extent a dyspeptic from early life, but had not supposed there was a strong predisposition to disease of the respiratory organs. When about 20 years of age I had a catarrhal affection, which has so far impaired the sense of smell, that up to this time (a period of more than twenty years) I have not been able to perceive odors unless they were decidedly pungent. At the age of 25, I observed that I was subject to occasional paroxysms of sneezing: the attacks were sudden, and the convulsive effort was often painfully violent. Occasionally these paroxysms were accompanied with dyspnoea or suffocating sense of stricture at the chest, and a most distressing oppression at the precordia—and were always preceded by, and accompanied with, a most harassing titillation of the nostrils, and at times with nausea, and convulsive, but ineffectual efforts to vomit.

For a long time I was unable to account to myself for this singular and distressing state of affairs. At length, after having prepared an emetic of ipecac., mixed it myself, and administered it to a patient, I was attacked with the whole concourse of symptoms enumerated above. Each one was marked by peculiar violence. In a very short time, probably ten or fifteen minutes, I found myself laboring under a severe and convulsive paroxysm of asthma; the danger of suffocation seemed imminent in the extreme. I sought relief in the open air. During my ride home, the oft-repeated and convulsive paroxysms of sneezing were almost sufficient to throw me from my saddle. These symptoms, like other similar attacks, lasted about two hours, and gradually subsided, with cough and expectoration.

It was during this paroxysm that the idea first suggested itself to my mind that these singular attacks were produced by inhaling the powder of ipecac. I taxed my memory in regard to previous asthmatic attacks, and I could recollect no instance of their occurrence without a previous exposure to the influence of this, to me, extraordinary agent. The idea was to me entirely new; but the sad recollection of previous exposures and suffering, convinced me that the idea, however novel, was nevertheless true.

I have since used many precautions to avoid its deleterious effects; but the constantly recurring necessity for its use, in a country practice,



has given me too many opportunities of testing, by painful experience in my own person, the potency of its influence in exciting asthma in a class of constitutions of peculiar idiosyncrasy. For a long time I supposed that inhaling the powder was necessary to produce these effects; but I have since learned that swallowing it in tincture or infusion will produce similar but not as violent results.

It is astonishing, I had almost said incredible, how small a quantity of ipecac. inhaled, will produce the most sudden and violent paroxysms. About four years since, a clerk in my drug-store scattered a small quantity of ipecac. on the counter, which he brushed off with a counter-brush; the doors and windows were open, and a current of air had passed through the store for half an hour before I entered it; in two minutes after my arrival, I was seized with a violent sneezing, followed almost immediately with a paroxysm of asthma which entirely disabled me for the day. But a few days since, a young man in my office was directed to transfer a quantity of ipecac. from a paper to a jar. I left the office for half an hour. On my return I was almost instantly attacked with one of the most fearful paroxysms that I have ever experienced; the extreme sense of suffocation, oppression at the precordia, a most withering and exhausting nausea, convulsive but totally ineffectual efforts to vomit, attended with simultaneous spasms of the diaphragm and muscles of the chest and abdomen, produced altogether a state of suffering which defies description. In each of these instances the quantity of ipecac. inhaled must have been infinitely small.

That these effects of ipecac. do not depend invariably on the irritating properties of the powder when inhaled, but on idiosyncrasy, seems to be established by the following circumstances. In the summer of 1841 I had a long course of bilious fever. The attack was marked by no particular symptom of disease of the lungs; but as soon as I commenced the use of ipecac. or Dover's powder as a febrifuge, I had a convulsive and harassing cough and dyspnoea; every effort to speak was interrupted by a spasm of the muscles of respiration; and a sense of sinking and oppression of the precordia, which constituted, in my opinion, the climax of human suffering. For a long time the agency of ipecac. in producing these symptoms was not suspected (as the utmost care was taken to prevent my inhaling the powder); but they continued with unabated violence, until I discontinued the use of ipecac. in every form.

The predisposition to asthma was unquestionably produced by the early catarrhal affection to which I have alluded; and its ultimate development depended entirely upon long-continued and repeated exposures to the influence of ipecac.; but when this predisposition had become established, other exciting causes would produce a paroxysm, but no cause has yet excited such violent symptoms as ipecac.

A peculiar state of the atmosphere will produce it, and a long continuance of this state will cause it to return periodically. The month of October, 1842, was one of the most pleasant months of the season; the days were sunny and the air mild; the nights were cloudless; but from the numerous streams in this valley there rose a dense fog which hung

upon their banks until a late hour in the morning. Exposure to or inhaling this fog invariably caused a paroxysm of asthma, which lasted two or three hours, and terminated with cough and expectoration. After a few exposures to these fogs, the attacks became periodical, making their onsets with singular exactness, invariably within twenty minutes of 4 o'clock in the morning, waking me from refreshing sleep to undergo all that is dreadful in this most suffocating affection. These paroxysms were so severe as to render a recumbent posture insupportable; but they were in a great degree free from that sense of sinking, nausea and spasm, which accompanied those caused directly by ipecac. These diurnal paroxysms continued without a single intermission until the 7th of November, when a violent storm of rain, sleet and snow wrought an entire change in the state of the atmosphere, when they suddenly ceased. Thus

"Chill November's surly blast"

operated as a charm in relieving me from attacks, which from their uniformity and severity rendered life almost a burthen. In this respect, as well as in many others, there seems to be an essential difference between ordinary asthma and that form of the disease produced by ipecac. It might be interesting to trace out and define these points of difference; but having extended this communication already to too great a length, I shall leave its further consideration for some future occasion.

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#### EXPERIMENTS ON MILK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the year 1825, soon after commencing the practice of medicine, happening to see it asserted in the old Edinburgh Dispensary, as a scientific fact, that milk was changed or rendered aced by the influence of thunder and lightning, and knowing such to be the popular belief, the following experiments were instituted to determine the truth or fallacy of the opinion. I supposed it would require no experiment to prove that thunder, which is only the report of the electrical explosion in the air, mere sound or noise, could not produce a chemical change in milk.

1. A common glass tumbler, half filled with milk taken from the cow three hours previously, was positively electrified with a good machine.

2. A similar quantity of the same mess of milk was negatively electrified. Each of these parcels of milk was electrified for the space of fifteen minutes, but not the least change in the taste or appearance was produced.

3. Another portion of the same mess of milk was submitted to a succession of shocks from a Leyden phial; and was made a part of an electrical circuit, receiving through it a number of shocks, but without undergoing the slightest change in taste or appearance. If the electrical fluid of the atmosphere has an effect on milk, it must be in one of the foregoing methods, because these are the different modes in which it operates to produce the phenomena of thunder and lightning. The electrical fluid is not known to operate upon bodies in any other way.

4. The three tumblers of milk which had been electrified were set on a table in a room where the thermometer stood at 88 deg., and beside them was placed a fourth tumbler half filled with the same mess of milk, but not electrified. In five hours the milk in all the tumblers began to change or grow acescent, but the milk which had been electrified changed no sooner than that which had not. These experiments render it evident that lightning, which operates in the same way as the electrical fluid excited by a machine, has no effect on milk.

5. Four six-ounce phials filled with new milk, two closed with wax and two left open, were placed in a small tub of water warmed to 90 deg. by the thermometer, and kept to this degree of heat by successively adding hot water until the milk became changed, which happened in seven hours. The heat of the room was 60 deg. The milk in all the phials became acescent in about the same time, showing that contact with the air has no influence in effecting the change. This experiment was tried a number of times, varying the heat of the water from 80 to 90 deg., with nearly the same result. When the heat ranged between 80 and 90 deg. the milk would sour in about eight hours; when it ranged between 90 and 98 deg., the milk would change in six or seven hours. This experiment proves not only that heat is the sole cause of the souring or decomposition of milk, but that a certain degree of heat will effect the change in a certain length of time. Nearly all the thunder and lightning happen not only in the hottest weather, but in the latter part of the day. Suppose the heat of the atmosphere to be 85 deg. by the thermometer, and milk to be taken from the cow at six o'clock in the morning, according to the fifth experiment it will become sour by 1 or 2 o'clock in the afternoon, about the time when thunder showers begin to appear. This coincidence in the appearance of thunder showers and the change in milk, has originated the universal belief that thunder and lightning are the cause of the change.

In making cheese, the milk is always warmed to about blood heat to hasten its transformation into curd. It must very often have been observed that when milk is nearly acescent it will suddenly change into curd before it can be heated to the boiling point. If it will bear being boiled, it will keep much longer for it. People should have no apprehension of the influence of thunder and lightning upon their milk; only give it a cool place, and it will keep as long in a thunder storm as at any other time. I believe, however, that the milk of cows in warm, still, cloudy and muggy weather, is not so well elaborated or animalized when it comes from the animal as in cooler, drier and clearer weather, and therefore sooner becomes sour. Animals themselves as well as all animal secretions are manifestly affected by certain states of the atmosphere. Milk becomes acescent the soonest in those states of the atmosphere in which all animal substances become putrescent. But milk, although rendered acescent, is a long time in becoming putrescent, owing doubtless to the antiseptic nature of the acid which is developed in the process of souring. This acid developed in the change of milk appears

to be both the cause of the change of the milk into curd, and of preserving it from putrefaction.

It is not a little singular that one degree of heat should so speedily effect the change of milk, and that a little higher degree should preserve it from this very change. This difference between the effects of a blood heat and a boiling heat, deserves particular attention. The process of boiling tends to preserve all dead animal substances, while a blood heat or a little less tends to render them putrid.

Milk in a heat of 80 or 90 degrees, as we have seen, becomes essentially and chemically changed in its properties in the space of seven or eight hours, while in a temperate atmosphere it will keep two or three days. If the heat of our atmosphere can produce such an essential change in the properties of milk in so short a time, must it not produce corresponding changes in the fluids of the living animal system? It is true that the fluids of the body are generally maintained at a heat of 98 deg., but a high heat of the atmosphere will maintain the heat of the body at a fever heat, which is known to accompany, if it does not cause, a change in all the fluids of the body. The cholera morbus always and everywhere prevails in the same state of the atmosphere, in which milk soonest changes into curd. Children, especially, feel the malign influence of such an atmosphere, particularly nursing children. The effect of the heat of the atmosphere in changing the properties of milk, is the nearest approach we can have in unfolding the changes which may take place in the living animal fluids.

Supposing that a still, warm, cloudy, muggy atmosphere has a similar effect upon the chyle in the intestines as it has in changing the properties of milk which it nearly resembles, would it not originate disease, and would not that disease be a disease of the stomach and bowels, a cholera morbus or a diarrhoea? A similar change in the properties of the bile may produce a yellow fever; or changes of a similar nature induced in the blood may cause a plague. The stomach and bowels evidently labor under a higher degree of heat in a hot season than in a cool season, as is manifested by the greater degree of thirst, and profuse perspiration which must require a higher degree of heat to support it. Nursing children, in warm, muggy weather, labor under a two-fold danger: the milk of the mother is not so perfectly elaborated, and the chyle which is produced from it in the bowels of the child is more liable to run into decomposition. No wonder, then, that the cholera infantum should sweep off such numbers of children. If a high degree of atmospheric heat produces so speedy a chemical change in new milk, what must be the effect of a hot room upon a woman in child-bed when the milk is just beginning to flow? Is there not great danger in so overheating the breasts as to occasion a chemical change of the milk while yet in the lactiferous ducts, thereby inducing an inflammation of these organs? I have always suspected that a coagulation or a chemical change of the milk was the cause of the inflammation of the breasts, and the influence of heat upon fresh-drawn milk gives new confirmation to the conjecture.

D. B. SLACK.

*Providence, R. I., Dec. 14th, 1843.*

## INSTRUMENTAL MANAGEMENT OF DISEASED SPINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was reading in your Journal, some time since, an attempt to prove the utility of the mechanical treatment, or, in other words, of brass rachets and corslets, in cases of spinal curvature, by A. Abbe, M.D. ; and, at a later date, an article accredited to R. Capen, M.M.S.S., in which this gentleman testifies to his belief that these instruments were the means by which a member of his own family had been cured of this deformity ; in proof of which, he cites the case.

It thereupon occurred to me that an article which I had noticed a year or two since in a weekly journal published in Worcester, and which was contributed to its columns by Dr. Davis, of that town, was exactly in point, and contained an all-sufficient refutation of all that either of the above-mentioned gentlemen, or any one else, could say on this subject—in other words, a death blow to this revolting system of treatment, a system which the author of the first-mentioned article is, as far as my knowledge extends, the sole practitioner. The whole of the article from which I extract is well worthy of insertion, as it contains arguments fully sufficient to overthrow Dr. A.'s thoroughly unsound theory in relation to muscular antagonism, as well as strongly bearing upon the case which Dr. C. has reported.

At this time, however, I will only trouble you with the following extract. I would, in passing, remark, that Dr. C. has not, in his communication, followed the rule usually laid down for themselves by all true lovers of science and truth. It is the custom for *such*, more particularly in a matter which concerns medicine or surgery, to allow a sufficient length of time to elapse, for the final issue to have been fully attained, before representing to the public a successful result, and publishing the case by which they considered this result to have been established. What should we think of a surgeon, after an operation, the reduction of a fractured limb, for example, who should, whilst the patient was yet under treatment, and before even the splints were removed, show himself willing to lead his professional brethren into error by publishing the *case* as one in which the patient had improved "so fast and ultimately so effectually." Still greater, then, would be our surprise, if in only the fifth line preceding he had stated his conviction that in "*proper time*" the case would be completed. As this cure is brought forward, in one line, as an instance of an effectual cure, by the means of brass rachets and corslets, and in another line of a cure *to be* completed by the same means, and in which the patient was, as Dr. C. asserts, "gradually convalescent," we can arrive at no other conclusion than that she was still under treatment, and still encased in the brass splints. Is it therefore consistent with the accustomed accuracy of a medical gentleman to report *such* a case, however well convinced *himself* of the apparent and temporary benefit which had been attained, as one in which a certain method of treatment was ultimately effective?—The following is the extract above alluded to.

"As the evidence of those who have experienced the sufferings, and are witnesses in their own persons of the permanency of any apparent benefit derived from mechanical treatment, ought to be conclusive, I will make an extract from one among many letters which I have received upon the subject. It is from a young man who has been through the process mentioned, and who has noted with accuracy the effect upon others. The results agree perfectly with those of the English author quoted. He says—'I have seen many cases under Dr. ———'s treatment. So far as I know, none now wear their corsets; none have been finally benefited, either in health or figure; all have experienced very unpleasant feelings of weakness and languor, on first going without their corsets; none have preserved an erect form; their present figure is as bad as ever; they denounce Dr. ———'s treatment as an inefficient system of useless torture. Among the dozens of cases I have seen, I know of none of restoration, and never expected to see a cure after I had obtained an insight into the plan of treatment. Day after day, month after month, I have seen the dressings applied and tightened; I have seen the patient suspended by the head upon the inclined plane, and upon the gallows; I have seen their *backs excoriated*, and *sores* upon them for a long time; I have seen their arm-pits cut into by the brass, till every motion of the arm was painful; I have heard their groans and seen their bitter tears, under the operation of the mechanical system; but I have never seen a crooked spine straightened. True, I have seen many persons under that treatment who showed a pretty good form with their brass corsets on, whose health seemed to be improved, whose expectations were high, and who manifested a strong confidence in the system. But after I had watched the operation of the plan for some months, I became satisfied that time would show that the improvement was but temporary, and the expectations fallacious; and experience has confirmed this belief.'

"To this might be added extracts from many more letters, from different individuals, all of the same tenor. The closing remarks above quoted throw some light upon a point that is of much consequence. While patients are under treatment by compression and extension, they grow in height, and improve, consequently, in figure; their hopes and expectations are raised to perfect confidence; they can inform their friends of this favorable change, which is sufficient to induce others to make the attempt to recover from their deformity, only to meet with the same disappointment; for, after they have relinquished this system of compression and extension (no matter how long it may have been practised), the muscles having lost their strength, the trunk of the body being dependent upon its artificial support, begins to settle down into its former position; the shoulder presses more and more against the corsets, the arms rest upon the top of them, the suffering and the deformity increase, the hopes of the patient and friends are gradually blighted, while all confidence is lost, and the suffering compels them to throw off their corsets in despair; then is realized all that my correspondent has described; then will they call it an 'ineffectual system of useless torture.' That there

may be some cases where corsets are worn without these results, and others where they have been worn and then abandoned, and yet retain their form, I have no doubt. For they may be applied where a curvature does not exist, more readily than where it does. They can be applied for other diseases of the spinal column, and if they are not kept on so long as to destroy the tone of the muscles, no very serious evil will follow, no distortion will take place. Some of these cases might be called cases of curvature in embryo, and therefore reported as instances of a perfect restoration by mechanical means; but the history of the disease would prove it to be anything else besides a curvature. A common affection thus treated, is spinal irritation, or an affection of the spinal cord."

From the above extract it will be observed that for the first few months buoyant hopes and high-raised expectations of recovery reign predominant in the minds of the patients and their friends, which are only what might be expected under similar circumstances. How painful, even to agony, then, must be the revulsion of disappointment! J. H. W.

#### DR. PARKER'S CHINESE HOSPITAL.

[A WRITER in the *Christian Observer* has furnished a very satisfactory account of the institution over which Dr. Peter Parker, the bold American surgeon, presides with an increasing success and reputation. It occurs to us to inquire what was effected in Boston some two years ago by a few philanthropic gentlemen, who were disposed to aid Dr. Colledge, an English surgeon? He visited this city about that period for the purpose of obtaining assistance for the organization of a hospital in Canton.]

After visiting several of the streets and shops, and some of the Hong merchants, &c., I called upon Dr. Parker, and his lady, who is residing at Canton with him. At his invitation, I went through his hospital with him. It is a large building, given to him by Hongqua, the chief Hong merchant, rent free; but it is not very commodious in appearance to one who has seen our hospitals at home—though the best the place affords. I entered a large room in which there were about seventy Chinese men and women, many of whom had been operated upon a day or two before, for diseases of the eyes. That morning was not one of the regular admission days, but a Mandarin lady and a little girl were allowed to enter. The lady had feet about as long as your thumb (two and a half inches), was well dressed, but not at all remarkable for any attempt at display. She was partially blind. Whilst the doctor was speaking to her, he showed me his books, where he wrote down her name, age, sex and occupation, in Chinese characters; and the name of her disease in the usual medical form. He then wrote a prescription, marking it with the number designating the patient, which in this case was 10,666, which he put aside, so that at the next examination he could refer to her previous treatment.

He is assisted by two or three Chinese, who appear to have a good

deal of his confidence, having charge of the drugs, and the minor matters relating to the patient.

The little girl came next. She was a pretty little thing, but was suffering from abscesses in the mouth, arising from decayed teeth. Both the lady and the little girl had their faces highly painted, to increase the fairness of the complexion, although they would be considered white persons anywhere. Several Mandarins were in the room, who had likewise received the doctor's kind offices.

I accompanied the doctor in a walk through the Hospital, and saw several of his patients who had been operated on for cataract: their eyes were covered with shades, some of which the doctor raised, and holding up one, and then two fingers before them, they would nod and mention the number as he changed them—showing the entire success of the operation; and the appearance of thankfulness which their countenances and exclamations exhibited, was most interesting.

One poor fellow had a large tumor cut from his body, just below his chest, and was not quite recovered when I saw him. When we entered the room, he raised his head, and said, *Chinchin* (the Chinese expression for wishing one well) to us all, raised his head, clasped his hands, and throughout the whole time we were there (except for a moment, when the doctor touched one of his wounds with caustic), his gestures indicated that he was more grateful than he could express. Another man had an enormous bony tumor on his jaw, which was to be a subject for a future operation. I saw many others, who were in the various stages, from having just come under the doctor's charge, to a state of convalescence—some of whom were in a most horrible condition, chiefly occasioned by these extraordinary tumors. When in Philadelphia, I felt rather disposed to think the accounts of Chinese diseases exaggerated—but from what I have seen, I do not now think words could give an adequate idea of the benefit the Chinese would derive from, or their necessity for, good medical assistance. My respect for the doctor and his benevolent mission, was greatly increased by my visit. I dined that day with Dr. and Mrs. Parker. The latter has been residing some months at Canton—being the only English lady there. She told me no objection is now made to their residing at Canton; but the curiosity with which a foreign woman is regarded by the Chinese renders it unpleasant to walk out—a crowd always collecting. She has received visits from several of the Hong merchants—one of whom remarked to his linguist, or interpreter, that she spoke just like a man. The Chinese women, receiving very little education, are not considered as equals in intellect to their husbands; that a sensible remark should come from a lady, was the cause of the China gentleman's surprise.

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#### COLCHICUM IN GOUT.

From Dr. A. B. Todd's new Work on Gout and Rheumatism.

It appears to me that colchicum may act in a two-fold manner: first, *chemically*, by producing some change in the urinary and hepatic secre-



tions, both of which it tends to increase in quantity and alter in quality ; and, secondly, it acts upon the nervous system, causing more or less depression, and on the mucous membrane of the stomach and bowels, exciting nausea, or vomiting, or purging, either separately or together. If employed in such doses as will produce only its chemical changes, it will, in strong constitutions, most favorably modify the gouty paroxysm, and certainly shorten its duration. If, on the other hand, it produce any of its irritant effects, it is likely to do more harm than good ; and therefore the dose should be diminished, or the medicine abandoned, if nausea or purging should come on during its administration. I have no doubt that a large share of the bad repute of this medicine is to be attributed to the indiscriminate and careless manner in which it is often prescribed ; and I would venture to suggest the following hints for the guidance of the practitioner in its employment.

1. Colchicum should not be given in the asthenic form of gout.

2. Colchicum should never be given at the outset of a paroxysm, nor until the bowels have been duly acted upon by mild purgatives.

3. The first doses of the medicine should be very small ; they may be gradually increased.

4. Colchicum should always be administered at first uncombined with any other medicine, until the practitioner has satisfied himself that it is not likely to disagree with his patient. And, indeed, there is always a disadvantage in administering this medicine in combination with others ; since it may become difficult, if not impossible, at times, to determine what effects should be ascribed to the colchicum, and what to the other ingredients.

5. It should not be administered so as to excite nausea, vomiting or purging. These effects should be regarded as indicative of the unfavorable operation of the medicine.

6. Colchicum may be regarded as acting favorably when, under its use, the urine is increased in quantity, a more abundant bile is discharged ; when the fæces, though solid, are surrounded by mucus, and the skin secretes freely.

7. The effects of colchicum should be carefully watched ; as, like digitalis and other medicines, it is apt to accumulate in the system.

The use of this medicine seems chiefly applicable to the sthenic form of gout, which occurs in robust constitutions, and in the prime of life ; but it is almost inadmissible in persons advanced in years, who have had several attacks, and in whom the malady would seem too deeply rooted to be influenced by the temporary administration of this remedy.

#### CASES OF PULMONARY EMPHYSEMA AS A CAUSE OF DEATH.

By John H. Tripe, London.

CASE I.—J. Pearson, æt. 29, wine-cooper, rather addicted to drink, short, but stoutly made, was first seen by me three years since, when he was of

an earthy hue, and complained of cough and dyspnoea, which had troubled him more or less for some years, both being increased in winter, but especially the dyspnoea. About two years afterwards I again saw him: the dyspnoea had become constant, increased on exertion, or after meals; palpitation, cough, usually with but little expectoration; no wasting or oedema; there were also constant headache, and frequent giddiness; the countenance of a leaden tint; the lips large and purplish; lividity of the hands and nails; and fulness of the external jugulars, which did not disappear on pressing the upper part of the vein. There were local signs of emphysema, bronchitis and dilatation, with hypertrophy of the right side of the heart. Roundness of the anterior part of the thorax; sound on percussion very loud, except at the lower part of the sternum, where the dulness was more marked than usual. Respiratory murmur scarcely audible; expiration longer than inspiration in the proportion of about three out of five; but the ribs and diaphragm were longer in performing inspiration than expiration; the rhonchi sibilans, gravid and mucous; the first sound of the heart varied on each side, on the left being normal, and on the right shorter, sharper and clearer than natural; no *bruit*. After a short time he returned to his employment, and continued so with but little interruption until the middle of last month, when he called on me, at which time the dyspnoea was much aggravated, the lividity increased, the pulse quick, small and oppressed. On the 28th, he was discovered by his friends insensible, as they called it, in bed. On my visit, I found him lying on his back, capable of being slightly roused; pupils contracted, but sensible; the pulse imperceptible at the wrist; the heart's action feeble, fluttering and oppressed; respiration very difficult, but not stertorous. The face leaden; lips blue, and very large; hand dusky, and nails livid. A dose of æther was administered. In an hour, the pulse having risen, he was bled, the pulse rising as the blood flowed; sensibility returned, and he spoke to those around, the countenance, lips, hands and nails becoming less livid. From this time he gradually relapsed, all the symptoms returning, and he died in twenty-three hours after the bleeding; stimulants having been administered by moistening his lips, for he resisted any attempt to introduce them into his mouth, even up to ten minutes before his death. A *post-mortem* examination refused in the most positive terms.

CASE II.—Miss Pearson (sister to the above), æt. 21, of a leucophlegmatic habit, applied to me on the 3d of May last, and gave the following history. She had enjoyed good health up to a fortnight previously, never having had any acute disease, except about a year ago, when she was confined to her bed with fever, and acute pain of the left side. The present attack commenced with cough, dyspnoea and feverishness, with expectoration of a yellowish sputa. On a local examination, there were bronchitic symptoms, the sound on percussion being unusually loud.

She was relieved, but not cured, by the treatment, and in July last again applied, complaining of constant dyspnoea, cough, palpitation, headache, &c.; the countenance being cadaverous, but not purplish; the lips

rather red ; the pulse small, soft, 100 ; the impulse of the heart weak, with local symptoms of emphysema, bronchitis, and slight dilatation of the right side, the latter not being well marked. From this time up to the end of September, when I ceased attending her, the dyspnœa increased, remaining permanent ; agitation of mind, a full meal, or any attempt at exercise, increased it considerably, causing violent fits of palpitation and cough, terminating with copious expectoration of frothy and thick yellowish fluid. She remained in this condition until the 29th of October, when her brother's death being communicated to her rather suddenly, she became worse, and a most profuse discharge of blood took place per vaginam, without pain, which continuing, Mr. Dyte was sent for, by whom she was attended for three days previously to her death, which took place rather suddenly, and without a struggle, her mind being perfectly calm and collected. After some trouble, permission was granted to examine the chest, which was done by Mr. Dyte and myself.

Old pleuritic adhesions of the upper lobe of left lung ; both lungs highly emphysematous throughout, the air-cells being much dilated, varying in size from a millet seed to that of a large filbert, the largest being found on the surface immediately below the pleura ; the cellular tissue was emphysematous, principally taking the course of the bronchial tubes. But little blood flowed on the section of the lung, and that fluid and black ; the smaller bronchial tubes were filled with a yellowish puriform fluid, thick and tenacious, much resembling the contents of a tubercular cavity, without any albuminous shreds ; a few crude tubercles were scattered through the left lung, but no cavities. The left side of the heart was thin and pale ; its parietes flaccid, and not containing any blood ; the right side was partially filled with black semi-coagulated blood ; the cavity of both the auricle and ventricle larger than of the left, and about half the thickness or a little more ; the blood contained in the large blood-vessels was black and fluid. An examination of the head was not allowed.—*London Medical Gazette.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 27, 1842.

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*Natural Language—Phrenology and the New Systems of Philosophy.*—In Mr. Fowler's lithographic symbolical head and phrenological chart, which is on sale at the book-stores in Boston, there is represented on each of the scientific divisions of the skull, familiar to phrenologists, some transaction indicative of the natural language of the organ at that particular point. For example, *Veneration* is represented by the figure of a boy in the attitude of respect to an old man ; and further in the back ground, is a child in the humble position of prayer. These are impressive exhibitions of the function of this organ. Benevolence presents the good Samaritan. Secretiveness is illustrated by the picture of a cat in the act of

catching a mouse. Destructiveness, by a tiger destroying his prey. Sublimity, by a view of Niagara Falls. Acquisitiveness, by a miser counting money. Causality, by Newton watching the falling of an apple; and so on, through the whole range of the mental faculties.

How phrenology is to fare in the present rage for new systems of mental philosophy, cannot readily be determined. A mighty multitude of paying disciples are close upon the heels of a number of active leaders, who are individually ambitious of making a stir in the world. Unluckily for all of them, they have buckled on the armor of animal magnetism, as the most convenient machine for throwing dust into the eyes of the greatest number of people at the same instant. But since the trickery of the thing has been detected, the professors of the new systems contrive to skulk behind great words, which are used as fortifications whenever accused of being Mesmerizers in disguise. One has discovered that *pathetism* has the talismanic property of solving all problems either in the physical or moral world. It makes impressible pious young ladies sing at the Masonic Temple with their eyes shut, and follow the reverend but blind leader like a subdued spaniel. In fine, it tears phrenology all to fritters, for without treating with absolute contempt all other methods of unravelling the mysterious operations of the mind, pathetism could not have even a transitory existence.

Next comes Neurology—and pray what is it? Let those who are capable of defining its position, do so, and very much oblige a host of inquirers, who see nothing in its scheme of developments but animal magnetism run mad, whilst phrenology, on which it had a feeble hold, gets treated quite shabbily by the new converts.

Subdivisions of animal magnetism into fine threads, are constantly presented to wonder-struck people, whose astonishment and credulity bear an exact ratio to the impudence of the discoverer. Just enough of phrenology is dragged into an exhibition to demonstrate the utter ignorance of all parties in the matter, and hence that which has employed the high powers of Gall, Spurzheim and Combe, gets shamefully degraded and abused by knaves and mountebanks.

Happily for science, there are men capable of appreciating truth, and disengaging it from the mass of falsehood and trickery which is sought to be incorporated with it. Phrenology, after undergoing a variety of degradations by being mixed up and compounded with the rarishow exhibitions of animal magnetism, will by-and-by be resuscitated, and shine with its former splendor; and will one day have place with the exact sciences, where it legitimately belongs, but from which it has been kept away by the enemies of its discoverers.

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*Gout in Females.*—It would be interesting and of some importance to ascertain whether females ever have the gout. In the records of disease, especially of cases, can a distinct case of gout in a woman be referred to? We have no recollection of having heard or read that females were not liable to the disease. It might be gratifying to have the question distinctly answered at once. There is no reason why females should not be subject to all the pains and penalties of men, if they violate the laws of the animal economy. Nor can we understand why they might not inherit the gout from some gouty ancestor, as readily as their fathers

or brothers, who are sometimes the unhappy victims of an ancestor's maladies and bodily vices.

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*A Monster arrested.*—Western New York is familiar with the name of Dr. Beigler, a very celebrated homœopathic physician. He resided some time in Albany, but of late has dwelt in the city of Rochester. He has been arrested for attempting to commit arson, in order to defraud an insurance company out of \$6000. He attempted to run away, but was taken at the car office on a complaint for assault and battery on his wife. The lady was on the stand five hours, says the *Atlas*, and developed a series of cruelties. At one time he beat her so badly as to produce a miscarriage; at another treated her so severely, that to save her life, she consented to draw up and sign a paper, setting forth that she had been in the habitual practice of doing wrong, &c., after which she contrived to escape from the house. Beigler is a German doctor, say the papers, and was married to Mrs. B. about three years ago. Some of the property, about which considerable stir was made, by himself, has been found in one of his own trunks.

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*Removal of Dropsical Ovaria.*—Mr. Southam has published some remarks in the *London Medical Gazette* on the objections to this new surgical operation. With regard to the statistics of the operation, he states that previous to October last the number of cases in which the diseased ovarium had been extirpated was 19, and that 5 of these were fatal. He also gives a table of 20 cases of ovarian disease, in which paracentesis, hitherto the most effectual palliative, was performed, from which it appears that this operation prolongs life on an average for only 18 months and 19 days, and that one in five dies from the effects of the first operation. In conclusion he remarks, respecting extirpation :

“The operation is perfectly justifiable when the patient's sufferings are such as to make life a burden to her; when the symptoms of structural lesion of any important organs are absent; and when the constitution is suffering merely from functional derangement consequent upon pressure of the tumor on the neighboring parts. On the contrary, it ought not to be attempted when the well-known characteristics of malignant action are present; when the tumor is solid, uneven, and has been of rapid growth; when the glands in the vicinity are enlarged, and hard knots can be felt in different parts of the abdomen, or when there is distinct evidence of other organs being similarly implicated. Still less should it be undertaken until the surgeon, by varied and repeated examinations, is convinced of the existence of the disease. Nor must the rules which direct us as to the propriety of operating in other diseases, respecting the condition of the sexual organs, and the fitness of the patient's constitution to undergo so severe an operation, be overlooked. Considering that extirpation of the ovary is still in its infancy, there is every probability that as our experience increases it will, under proper restrictions, prove as successful as lithotomy. The surgeon will be thus enabled to restore to health individuals who must otherwise drag on a miserable existence for a considerable period. A glorious monument will be raised to the healing art through the improvement of surgical knowledge; and that boldness of

surgical energy, which the timid were but too ready prematurely to condemn, will be ultimately sanctioned by an enlightened and applauding profession."

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*Colony of Insane at Gheel.*—Some additional particulars respecting this Colony, which was described in this Journal a few weeks since, are found in a subsequent No. of the London Medical Gazette.

"The following is the result of the treatment, as far as the cures are concerned, for the year 1840. On a total of 678 patients (353 men, 325 women), 40 (15 men, 25 women) were cured."

"This number, so small with reference to the numerical quantity, is enormous as regards the *quality*, if I may so express myself, of the patients. For it must not be forgotten, that up to this day, with very few, if any exceptions, there have only been sent to Gheel insane persons who had previously been subjected to a treatment more or less prolonged; either in hospitals, or in their families, and had been deemed beyond the resources of art, and declared *incurable*. I am well aware that in mental medicine the prognosis is far from being infallible; but when a disease has existed for several months, or even years, and no treatment has succeeded in modifying it, the prognosis is excessively unfavorable, even if it does not induce us to give up all hopes of recovery. Besides, the circumstance must not be overlooked, that, among the patients at Gheel, there is a considerable number of paralytics, epileptics, idiots, and imbeciles, who are all in a state of absolute incurability.

"As I have already said, not more than two years have elapsed since the colony at Gheel has received a certain organization. No doubt with time (if this be allowed it), this organization will produce the fruits there is reason to expect from it, especially if the ameliorations be introduced of which experience may subsequently demonstrate the necessity."

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*Hospital for Jews at Berlin.*—At a late session of the Municipal Council of the Russian Capital, the President of the body proposed a resolution conceived in these terms:—Considering the liberal aid which the Jews of Berlin have contributed during the last four years, to the different charities of the city, under the government of the Christians, and considering that they have amply supplied the wants of their own poor, whereby a great saving of expense has resulted to the people of Berlin, the Municipal Council orders that the sum of two thousand dollars be appropriated, out of the city's revenues for the current year, towards the construction of the hospital which the Jews of Berlin are now erecting for the poor of their own faith.

The proposition was adopted without discussion, and with unanimity, save one voice, and that a Jew, who was a member of the Council, and abstained from voting.

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*Goitre in Tartary.*—"I observed," says Lieut. Burns, "that these mountaineers (Huzaras), though some of them were living at elevations of 10,000 feet (the Koh i Baba mountains) were altogether free from that unseemly disease, the goitre, which I had observed in the same range, the Himalaya, eastward of the Indus, even below 4000 feet." Perhaps

bronchocele is a disease, he remarks, confined to lesser altitudes, an opinion held by many members of the faculty of the first eminence on the Continent, as mentioned in the Transactions of the Medical Society of Calcutta, by Dr. M. J. Brawley, of the Bengal army. That gentleman, however, in his treatise on the disease, which is founded on personal experience during a residence in the mountainous regions of Nipal, adduces facts that would lead to a contrary conclusion regarding its locality—which he states to be more general on the crest of high mountains, than in the valley of Nipal.

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*Causes of Hæmorrhage after Delivery.* By C. W. LEVER, in Guy's Hospital Reports.—The author's object is to call attention to two predisposing causes of hæmorrhage, which are not generally recognized by obstetric writers, viz., diseases of the spleen and kidneys. In reference to the *first*, he has arrived at the following conclusions: "1. That in females affected with enlargement or disease of the spleen, the uterus is predisposed to dilate, and therefore admits of the effusion of blood into its cavity. 2. That the blood so collected coagulates, and excites considerable irritation, as marked by the accession of rigors, fever, &c. 3. That the fever so produced, in course of time (varying in different cases), assumes the intermittent type, especially when the patients have previously suffered from ague. And 4. That such intermittent fever is curable by the same remedies that are successful in the treatment of pure and uncomplicated ague." In regard to the *second* cause, he believes: "1. That labor occurring in patients affected with morbus Brightii is generally lingering. 2. That in such patients, although the fœtus and its secundines may be expelled by the natural uterine efforts, and the uterus may for a time appear to contract, yet that it is very liable to become relaxed, and distended with blood. 3. That in patients so affected, peritonitis of a more or less acute character is prone to occur." We recommend this paper to the careful notice of our obstetric brethren, whose attention cannot be too forcibly directed to the distressing occurrences of which it treats.—*Brit. & For. Med. Review.*

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*On Painful Affection of the Breast.*—In a memoir, published in the "Archives Générales de Médecine," for September, Dr. Rufz, of La Martinique, gives several interesting cases of the disease above-named, first clearly described by Sir Astley Cooper, under the name of "Irritable Tumor of the Breast," and to which the appellation of "mastodynia," or neuralgia of the mamma," is now generally applied. The eleven cases given or alluded to by Dr. Rufz seem all to refer to that form of the malady in which the neuralgic pains are accompanied by general or local induration of the mammary gland, which, no doubt, is by far the most frequently observed. Indeed, it is questionable whether ulterior observation will not show that the form of mammary disease in which the pains irradiate round a small or large induration of the glandular structure of the mamma, often increasing or diminishing, according as the induration increases or diminishes, and seldom following the course of the thoracic nerves, is perfectly distinct from that in which there is no induration of the mammary gland, but merely excessive pain, increasing on the slightest pressure. In his late work on Neuralgia, M. Valleix mentions a fact of

great importance in the diagnosis of intercostal neuralgia, viz., that generally speaking, pressure is not painful along the whole course of the nerve affected, as in most other neuralgiæ, but merely here and there; so that unless this circumstance be borne in mind, intercostal neuralgia may often be overlooked. Dr. Rufz tested two of his cases in the way mentioned by M. Valleix, but did not find the local painful points which ought to have existed had there been intercostal neuralgia, according to the latter physician. Had, however, all the cases in question been thus tested, and found to present the local pains along the course of the intercostal nerves, it would by no means have proved that the mammary induration was merely a symptom of neuralgia, it being quite as rational to look upon these pains as the result of the induration itself.

In most of the cases of Dr. Rufz the patients referred the origin of the affection under which they labored to a blow on the breast, generally received a long time previously.

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*Medical Miscellany.*—A meeting of the Washington County Medical Society will be held at Montpelier, Vt., on the first Tuesday of January.—The seventh volume of the Medical Examiner, edited by Dr. Clymer, will be commenced early in January, to be published every alternate Saturday, at three dollars a year, invariably in advance.—The editor of the St. Louis Medical and Surgical Journal makes a very proper apology to his patrons for not having anything original in the last No; the selected matter, he says, being “as interesting and useful to a large majority of our readers, as original communications.”—Victor J. Fourceaud, M.D., of St. Louis, Mo., is preparing a work on Eclecticism in Medicine.—On the second Tuesday in January, the Windsor County Medical Society, of Vt., will meet at Woodstock, for the transaction of business.—A young Jewess was resuscitated at the grave, at St. Louis, who would have been interred directly had there not been discovered, opportunely, signs of life.—A Western paper states that as many as eight hundred cases of smallpox, mostly of a mild character, have occurred in Cincinnati the present winter.

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TO CORRESPONDENTS, &c.—Dr. Moorman's Account of the White Sulphur Springs, No. 1, has been received; also “A.'s” Synopsis of the duties of a physician.—Dr. Coventry's Address, Dr. Hayden's Reply to Dr. Harris, and Dr. Peters's Review of Dr. Caldwell, in pamphlet, have likewise come to hand.

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MARRIED,—At Woodend, Lunenburg Co., Dr. John S. Whittle, U. S. Navy, to Miss Jane Patterson.—In Effingham, Me., Dr. Orren S. Sanders, of Epsom, to Miss Drusilla S. Moore.—At Westbrook, Dr. Ellsworth L'Hommiedieu, of Westbrook, to Miss Lucy Clark, of Saybrook, both revolutionary pensioners.—In Newburgh, N. Y., O. P. Tarbell, M.D., to Miss Caroline Hildreth, of Boston.—In Bradbury, Me., Dr. J. D. Watson to Miss Lydia A. True.

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DIED,—In Boston, Dr. John Randall, 67.—In Hartford, Conn., very suddenly, Dr. Charles Greenleaf, aged 55.

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Number of deaths in Boston, for the week ending Dec. 23, 41.—Males, 20—Females, 21. Stillborn, 4. Of consumption, 6—disease of the kidneys, 1—disease of the heart, 1—mortification, 1—accidental, 1—lung fever, 4—scarlet fever, 2—brain fever, 1—canker, 1—infantile, 1—quinsey, 1—pleurisy fever, 1—angina pectoris, 1—old age, 2—diarrhœa, 1—dropsy, 1—measles, 3—dropsy in the head, 2—rheumatic, 1—influenza, 1—dropsy on the brain, 1—typhus fever, 1—throat distemper, 1—child-bed, 1—sudden, 1—chickenpox, 1—croup, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 1—between 20 and 60 years, 14—over 60 years, 9.



*Copper in Organic Tissues.*—M. Julius Rossignon, of Lyons, has lately addressed a communication to the Academy of Sciences, on the presence of copper in the organic tissues of a great number of vegetables and animals.

It is well known that MM. Danger and Flandin have endeavored in their last memoir to establish the non-existence of copper in the human body in its normal state. M. Rossignon proposes in his note to contradict their results, and to confirm the existence of copper in the healthy human body.

His experiments show that copper exists not only in the blood and muscular fibre of man, but in a great number of domestic animals, and in the vegetables on which they feed.

Experiments made on dogs in 1839, showed that copper existed in them. M. Dumas having mentioned in his lectures, that wheat contains an appreciable quantity of copper, which is absorbed by our digestive process, M. Rossignon was induced by his knowledge of this fact to continue his researches on the normal existence of copper in organized beings, and particularly in the elementary substances most used by man.

The following are some of the results to which M. Rossignon more particularly directs our attention.

The *gelatine* obtained by the philanthropic process of the *hopital St. Louis*, when carbonized in a close vessel, affords 0.03 of pure copper in 100 parts of carbon.

The *boiled sorrel* of the green-grocers affords as much as two per cent. of the neutral oxalate of copper.

*Ménier chocolate* affords carbon containing 0.07 of copper.

*Marquis chocolate* affords only 0.05.

*Bread* from the principal bakers in Paris gave from 0.06 to 0.08 of copper in 1000 parts of carbonized bread.

*Coffee* contains a few atoms of copper.

*Succory* affords more.

*Madder* contains a considerable quantity.

*Sugar* affords a carbon, which, when rigorously analyzed, furnishes copper, and sometimes lead.

*Barley-sugar* affords copper.

*Fecula sugar*, when carbonized, contains as much as four per cent. of copper.

Lastly, M. Rossignon says that since reading the memoir of MM. Danger and Flandin, he has found very small but appreciable quantities of copper in human semen, in the excrements of fowls, in eggs, and in the eye of the ox completely calcined in a close vessel.—*Gaz. Médicale*.

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*Advantage of Medicines in a Liquid Form.*—It has been found that fifteen grains of sulphate of quinine, given in infusion of senna, is more efficacious as a tonic, notwithstanding the purgative quality of the mixture, than twenty-four grains of sulphate of quinine administered in the form of pills. Panizza supposes the causes of this to be that the senna, by promoting the peristaltic action of the alimentary tube, and augmenting the secretion of the bowels, excites the production of a fluid adapted perfectly to dissolve the quinine; and that the quinine in passing through the intestine in a state of solution, is placed in contact with a much larger extent of surface, and disposed for absorption much more readily than if taken in a solid form.—*Panizza, in L'Experience*.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, JANUARY 3, 1844.

No. 22.

RHEUMATIC INFLAMMATION OF THE EYE.

A Clinical Lecture by Mr. Guthrie, at the Royal Westminster Ophthalmic Hospital,  
November, 1843.

You have seen, gentlemen, the termination of the prevalence of rheumatic inflammation of the eye ; it has passed away, except as a disease of casual occurrence, and as your attention is no longer especially attracted to it, we may with great propriety sum up our observations on the subject, after the careful examination we have just made of many of the cases. There have been five persons treated in the Hospital, four cases have occurred to me in private life, and twenty-seven have presented themselves as out-patients. Three of the four cases in private life have not had a relapse; most of the others have suffered more or less from its occurrence, and where the patients have been much exposed, it has occurred two, three or more times, even after the eye was apparently well. All the cases have terminated, or are terminating, favorably, but not all without some defect, the patients complaining of a slight deterioration of sight, which in most instances has passed away. On examining the eye with the small telescope, you perceive it is the iris which has suffered, the pupillary edge becoming adherent by points or processes to the capsule of the lens behind, whilst the fibres of the iris also adhere to each other, so that although little defect may be apparent to the naked eye, the irregularity of the edge of the pupil is well marked under the glass ; and the portions of pigment which have been detached from the cornea, may be distinctly observed when the pupil has been dilated by belladonna. The defect of sight depends almost always on the number, extent and situation of these portions, with respect to the centre of the pupil ; and a part, if not the whole, of these spots, appear in many cases to be thinned or absorbed, and sometimes removed with time, so as not to impede the sight, and the patient gradually recovers his former power of vision. We have had no case in which both eyes have been affected at the same time, although the second, or other eye, had suffered from the same complaint at a former period, showing the prevalence of a rheumatic diathesis in several of these persons, although certainly not in all, but which is more marked in others by the occurrence of rheumatism in the joints. I am not aware, however, of anything like true metastasis from any one part to the eye, nor has any

distinct alternation of disease taken place from the eye to any other part ; nor have I remarked this as an ordinary occurrence at other times, although rheumatic disease often exists in the eye and in other parts at the same time, and with a greater or less degree of severity. I have seen this most frequently in that complaint which is denominated gonorrhœal rheumatism, but then the affection of the eye is not purely a rheumatic scleritis, or iritis, and is often attended by sub-conjunctival cellular inflammation, causing chemosis, and may also affect the conjunctiva, and be attended by a muco-purulent discharge. In one case of catarrho-rheumatic inflammation, both eyes were affected, and there is a peculiar case now in the Hospital deserving your best attention :—

Robert Windover, aged 49, of 10 Church street, has had weak eyes for some time, and attended at the beginning of this month (Nov.), for them, but staid away in consequence of rheumatism, until the 22d, when he again presented himself with purulent inflammation in both eyes, the right being the worse. The complaint began the day before, by an itching of the lids, and a flow of hot tears, accompanied by a yellowish discharge, which glued the lids together during the night, the itchiness gradually increasing to violent pain, which prevented sleep, and caused the upper lid to swell. The next day (Thursday) the discharge was great and puriform, the eyelid much swollen, and he complained of great pain. The chemosis was considerable, although it did not encroach on the cornea, the surface of which appeared to be slightly abraded. Countenance pale, pulse feeble ; is accompanied by his wife, a healthy-looking woman, who says he has lived badly of late, and has a slight discharge from the urethra, which he cannot account for, but which he has often had before. Has suffered from several attacks of rheumatism, two of which confined him to bed, and has noticed that whenever these rheumatic pains came on, they were soon followed, with one exception, by a urethral discharge. Can remember having had seven rheumatic attacks, six times followed by urethral discharges. Had a similar attack, he thinks, to the present, when at Chatham, and has had weak eyes ever since, but had not at that time any urethral discharge ; has taken colchicum and turpentine in large doses for the cure of his rheumatism, and has been once salivated.

I ordered this man to be immediately admitted, because I was satisfied he would lose his eye if he remained an out-patient. I did not bleed him, because he appeared to be deficient in power, and that I thought the great local mischief might be arrested by local means. I therefore directed several drops of a solution of sixty grains of the *argentum nitratum*, lately dissolved in one ounce of distilled water, to be poured into the right or worse eye at 2 o'clock, and to be repeated at night, and of thirty grains to the ounce into the left eye ; four grains of calomel, and six grains of colocynth, to be given immediately, followed by a black dose in the morning. To be put to bed, and the eyelids cleansed every hour with a solution of alum, one drachm to the pint of water, when awake.

Nov. 23.—Says he is much better this morning, and slept tolerably well ; that the application of the solution gave him great pain, which

subsided in about an hour, leaving him much easier: that the application in the evening had the same effect; that he is now free from pain, and the eyes less gritty; the swelling of the lid has diminished, and the chemosis has nearly disappeared, the discharge less: the amendment on the whole considerable. The purgative medicine has operated well. Full diet, and half a pint of porter. The solution, &c., to be continued, and fifteen grains of pulv. cinchonæ with six grains of sesquicarb. of soda three times a day.

Nov. 24.—Gradually improving. Diet and remedies as before, with calomel and colocynth at night, and an aperient draught in the morning.

Nov. 25.—Improving. The solution to be applied only once, and in the morning, and the alum lotion, to be used with a syringe; the edges of the lids to be kept greased with ung. cetacei; slept well.

Nov. 26.—The strength of the solution to be diminished to ten grains to the ounce to both eyes. The discharge from the left eye has nearly ceased, that from the right is much less; the chemosis has entirely gone, and the conjunctiva of the ball much whiter; cornea clear, iris natural, the conjunctiva of the lids is thickened from old disease, and is very red, and from this part the discharge proceeds.

Nov. 27.—This man is cured of the severe attack, which would have cost him under any other mode of treatment one eye, in all probability, and perhaps both.

You may call this, gentlemen, a case of rheumatic inflammation, of gonorrheal inflammation, or of gonorrheal rheumatism, or any thing else you please; only, gentlemen, do me the favor to remember that I teach you what is of more consequence, viz., how to cure it, and you could not have a more instructive case for observation, in a debilitated habit.

Of the 36 cases, 21 were in males, 15 in females. There were none below 20 years of age, and 2 only above 50; and of various trades and occupations, the tailors preponderating. Eighteen of the 36 were recent attacks, and 18 were cases of several days' duration, or in which relapses had taken place, before they applied here for advice. In 1 case the paroxysms of pain came on in the morning, and not at night. In 2 cases the vessels of the sclerotica, which penetrate to the choroid coat, remain enlarged, ready for evil on the application of any exciting cause. In Mrs. Bridges, who is in the Hospital, this is well seen, and if the case is neglected, it will end first in a change in the form of the eye, by which it will become more conical, and ultimately terminate in a varicose state of the vessels, and glaucoma. This will be prevented by great personal care to avoid exposure, and the improvement of the general health by tonics, counter-irritation, slight local depletion when necessary, and the occasional use of colchicum, aconite and opium.

In some of the recent cases the cure has been accomplished in from three to five days, by means of cupping, by a dose of calomel and colocynth, and an infusion of senna and salts, colchicum and aconite, combined with opium when they began to act too sharply on the bowels. In the cases of longer duration, bark and soda have been added with advantage, after the other remedies had diminished the powers of the individual, al-

though their effects required to be continued for some days in a more moderate dose. In five old cases calomel and opium were added to the colchicum and aconite, until they affected the gums, before the desired relief was obtained.

I have punctured the cornea in five cases. In the first case, of P. Dudy, to which I alluded in my last lecture, and whose case is complicated with cataract, it gave relief, and has been repeated with advantage. In two other cases of medium standing it rendered no service, whilst in two others of commencing relapse, it was of use, and will always, I believe, be found of use in all affections of the vessels of the sclerotica, in which slight inflammatory attacks recur on any moderate exposure to cold and moisture, or indeed, apparently without it. It acts, I presume, by relieving the vessels which secrete the aqueous humor; it is an operation, however, which alarms people, and they do not readily submit to it in private life, and, as an accident may happen to the capsule of the lens if the pointed instrument is kept in the anterior chamber until all the fluid is evacuated, I introduce a small blunt probe until it has all escaped, for if a part only is let out, very little good follows the operation; it may even do harm, from the irritation excited in fixing the eye.

I have only casually mentioned the use of the belladonna, as I wished to reserve the observations I had to make upon it until the nature of the disease was more completely developed. You have seen, and may see in several cases, that although all other traces of disease have been removed, some defect remains in the appearance of the pupillary edge of the iris, in the motion of this part, and on the surface of the capsule of the lens. It brings home to you, then, with irresistible force, the fact that this complaint is not alone a rheumatic inflammation of the sclerotica, but also of the iris. It is not the formidable disease so graphically depicted in books as rheumatic iritis, which you will very rarely see, but it is the disease you will often see, and the more important points of which you ought to be acquainted with; and the most important of all is the peculiar kind of inflammation of the iris, which, although little noticed by a careless or casual observer, is not the less dangerous, as tending always to impair, if not eventually to destroy, the sight.

Belladonna, from the power it exerts, when applied externally, of dilating the pupil, is an important remedy, and if it could be applied in time, would generally so far dilate the pupil as to cause it to remain in its ordinary state of dilation, when not under the influence of a strong light. It should, therefore, be applied to the forehead and brow morning and evening, on the first appearance of this complaint, and when this is subdued by the vigorous measures recommended, and the use of the belladonna is omitted, the pupil which nevertheless has formed some adhesions whilst in its temporary and partly-dilated state, will return to its usual and ordinary size, and vision will not be impaired. When, however, the inflammation runs high, and has been fairly established, the belladonna is not capable of exerting a dilating influence upon the iris, not even for several days, and I have often thought it has augmented the disease, by dragging on the inflamed part, the patient complaining so much

of an increase of pain after each application as to object to its continuance. It should, therefore, be applied shortly after the commencement of the attack, or only after the intensity of the inflammation has been subdued by vigorous treatment. It may be dissolved in tincture of opium, or applied with powdered opium and mercurial ointment.

The relapses are the most inconvenient to the patient, and are often difficult to treat. On the first occurrence of the disease the sufferer is usually in tolerable health, and possesses considerable power, so that he will bear moderate general or local bleeding well, and is for the most part greatly relieved by a suitable abstraction of blood, accompanied by a brisk mercurial aperient, followed by a draught of senna, manna and salts. In the first attack I usually give the colchicum and aconite in water, or in a saline draught, and a dose of opium, morphia, or the pulv. ipecac. comp. at night, attending carefully to the state of the skin, and to the secretions generally. The patient should be kept in an equable temperature, and the diet should be as mild and as simple as possible, without meat, or anything stimulating. After a relapse, when the powers of the individual are diminished, I add bark or quinine and soda, to the treatment, and sometimes rhubarb, if the bowels are confined; and if colchicum and aconite should still be necessary, they are then to be given with opium, to prevent their acting on the bowels. In a first attack there is often a good deal of fever and constitutional derangement; after a relapse or two, the constitution is often but little implicated, and the complaint would seem to be comparatively local, when a reasonably generous diet will often expedite the cure, whilst it appears also to be useful in preventing a return of the complaint, in which it will be assisted by sarsaparilla, with the iodide of potass., and the various preparations of iron. The bad effects of the disease on the iris are not so rapidly induced in a relapse, although the external appearance of redness may be as great as in a first attack of the complaint. Two days ago, Mr. Boyd, who is in the Hospital, was well. Yesterday he suffered a relapse, and the eye had a more dusky-red appearance than ever; pulse 76, not strong; he has the pupil sufficiently dilated by the belladonna; and has taken colchicum and aconite three times a day. I have ordered him bark to-day, and he is better.

One case only of abscess of the cornea with onyx has presented itself since I gave the lecture on that subject. I desired the man to be admitted immediately, viz., on the 20th, and divided the cornea by a perpendicular incision, in the manner I have directed, and which entirely removed the pain; he took calomel and colocynth at night; salts in the morning.—21. Free from pain, although has some feeling of sand in the eye; anterior chamber empty; wound gapes a little, and the matter adheres to the edges. The eyes to be bathed with warm water occasionally, and the pad to be continued; upon middle diet.—Nov. 24. Anterior chamber filling, ulceration of the surface diminishing, conjunctiva still red; two grains of calomel and two of quinine every six hours.—27. Calomel to be omitted; anterior chamber full, and is well, as regards the abscess and the onyx.—*London Medical Times.*

## WHITE SULPHUR SPRINGS.—NO 1.

[Communicated for the Boston Medical and Surgical Journal.]

[JOHN J. MOORMAN, M.D., the well-known resident physician at the White Sulphur Springs, is the author of the following interesting paper, which will be followed by others, from time to time, from the same intelligent source.—ED.]

The *White Sulphur Springs* are located in the county of Greenbrier, Virginia, on Howard's Creek, and on the immediate confines of the "Great Western Valley," being but six miles west of the Allegany chain of mountains which separates the waters which flow into the Chesapeake Bay, from those which run into the Gulph of Mexico.

The waters of the Spring find their way into Howard's Creek, two hundred yards from their source, which after flowing five miles, empties them into Greenbrier River. The Spring is situated in an elevated and beautifully picturesque valley, hemmed in by mountains on every side. *Kates Mountain*, celebrated as the theatre of the exploits of a chivalrous heroine in the days of Indian troubles, is in full view, and about two miles to the south;—to the west, and distant from one to two miles, are the *Greenbrier Mountains*; while the towering *Allegany*, in all its grandeur of length and height, is found six miles to the north and east.

This Spring is in the midst of the celebrated "spring region;" having the "*Hot Spring*" thirty-five miles to the north—the "*Sweet*," seventeen miles to the east—the "*Salt*" and "*Red*," the one twenty-four and the other forty-one miles to the south—and the "*Blue*," twenty-two miles to the west. Its latitude is about  $37\frac{1}{2}$  degrees north, and  $3\frac{1}{2}$  west longitude from Washington. Its elevation above tide water is two thousand feet. It bursts with unusual boldness from rock-lined apertures, and is enclosed by marble casements five feet square and three and a half feet deep. Its temperature is 62 deg. of Fahrenheit, and remains uniformly the same during the winter's blast and the summer's heat; any apparent variation from this temperature will be found, I think, to have been occasioned by the difference in thermometers, as repeated trials with the same instrument prove the temperature to be uniform.

The principal spring yields about eighteen gallons per minute; and it is a remarkable fact that this quantity is not perceptibly increased or diminished during the longest spells of wet or dry weather; while other bold springs of the country have failed during the long droughts of summer, this has invariably observed the "even tenor of its ways." There is no discoloration of the water during long wet spells, or other evidences that it becomes blended with the common water perculating through the earth. The quantity and temperature of the water of this Spring being uniform under all circumstances, gives a confidence, which experience in its use has verified, of its uniform strength and efficiency. The water is most clear and transparent, and deposits copiously, as it flows over a rough and uneven surface, a *white*, and sometimes, under peculiar circumstances, a *red* and *black* precipitate, composed in part of its saline ingredients. Its *taste* and *smell*, fresh at the Spring, are that of all waters

strongly impregnated with sulphuretted hydrogen gas. When removed from the Spring and kept in an open vessel for a sufficient length of time for this gas to escape, or, when it has been *heated* or *frozen* for this purpose, it becomes essentially *tasteless*, and *inodorous*, and could scarcely be distinguished, either by smell or taste, from common lime-stone water. Its cathartic activity, however, is rather increased than diminished when thus insipid and inodorous. It does not lose its transparency by parting with its gas, as many other waters do; nor does it deposit its salts in the slightest degree when quiescent—not even sufficient to stain a glass vessel in which it may be kept.

The gas of this Spring is speedily fatal to all animals when immersed, even for a very short time, in its waters. Frogs, thus circumstanced, survive but a few moments; fish, in two minutes after their immersion in the water, manifest entire derangement, with the greatest distress, and uniformly die in less than three minutes.

There is but little in the early history of this celebrated watering place, especially worthy of preservation. Tradition says that the charming valley in which it is situated, was once a favorite "hunting ground" of the proud *Shawanees*, who then owned and occupied this fair region, and the numerous ancient graves and rude implements of the chase, that are found in various parts of the valley, sufficiently attest the truth of this legend. That a small marsh, originally contiguous to the Spring, was once a favorite deer and buffalo "lick," is well known to the oldest white settlers of the country; and it is confidently asserted by some of that venerable class that the Spring was known to the Indians as a "*medicine water*," and that since their migration across the Ohio, they have occasionally been known to visit it for the relief of rheumatic affections. Whether this legend be truth or fiction, we cannot avouch; authentic history, however, abundantly testifies to the reluctance with which its ancient owners abandoned this lovely valley to the rapacious avarice of the invading white man.

During the year 1774, the proud, but untutored and ill-fated *Shawanees* being overpowered by the encroaching colonists from Eastern Virginia, and having sustained, in October of that year, a signal defeat by the Colonial troops, at Point Pleasant, were forced finally to abandon their country, and seek shelter and protection with the main body of their tribe then living on the waters of the great Scioto; not, however, until by frequent battles and midnight murders, they had testified their attachment to their ancient hunting grounds and the graves of their fathers.

The property on which this Spring is situated, was originally patented for ——— Carpenter, one of the earliest pioneers of this country, and who was subsequently killed by a band of marauding Indians at the fort at the mouth of Dunlap's Creek, near where the town of Covington now stands. It is rather a remarkable fact, in a country like this, in which land is so prone to change owners, that this, as a whole, has never been bought or sold, the present proprietor owning it by right of descent from the original patentee.

The precise time at which this Spring, now so celebrated among mine-



ral waters, was first used for the cure of disease, cannot now be ascertained with absolute certainty. It is believed, however, that a Mrs. Anderson, the wife of one of the earliest settlers, was the first white person who tested its virtues as a medicine. In 1778, this lady being grievously afflicted with rheumatism, was borne on a litter, from her residence, ten or fifteen miles, to the Spring, where a tent was spread for her protection from the weather; and a "*bathing tub*" provided by felling and excavating a huge tree that grew hard by. Here she remained until she had entirely recovered, drinking the water from the fountain, and bathing in the sulphur water previously heated in the trough by "hot rocks." It is reasonable to suppose that the fame of this cure spread abroad among the "settlers," and from them into Eastern Virginia, and among the few "spring going folk" who then annually visited the Sweet Spring, not many miles distant. Accordingly, in 1779, and from that to 1783, there were annually a few visitors here, who spread their tents near the Spring, no house having then been erected, and with the rude "trough" for a bathing tub, and this protection from the weather, are reported to have spent their time most agreeably and profitably. Some of these primitive visitors "who dwelt in tents," have visited the Springs of late years, and with pleasurable emotions marked out the spot where their tents stood some sixty years ago, while they recounted with delight the amusements and pleasures they then enjoyed.

In 1784-5 and 6, numerous "log cabins" were erected, not where any of the present buildings stand, but immediately around the Spring, not one of which, or the materials which composed them, is now remaining.

The present proprietor of this property came into possession of it in the year 1808, but did not personally undertake its improvement until the summer of 1818. Before this period, the buildings for the accommodation of visitors, although sufficient for the number that then resorted to the place, were exceedingly rude, being altogether small wooden huts. The interest and enterprise of the proprietor soon led him into a different and more appropriate system of improvement, and from small beginnings, he has gone on, progressing in the rapid ratio of demand, until from the "tent" accommodations in 1779, and the "log cabins" in 1784, the place, now both in elegance and extent, exhibits the appearance of a neat and flourishing village, affording comfortable and convenient accommodation (including the surrounding hotels) for from twelve to fifteen hundred persons.

*Analysis.*—The solid matter procured by evaporation from 100 cubic inches of the White Sulphur Water, when dried at 212 deg., weighs 65.54 grains. This consists of:—

|                   |                        |
|-------------------|------------------------|
| Sulphate of lime  | Chloride of calcium    |
| "    of magnesia  | "    of magnesium      |
| "    of soda      | "    of sodium         |
| Carbonate of lime | Proto-sulphate of iron |
| "    of magnesia  | Sulphate of alumina    |

|                                  |                      |
|----------------------------------|----------------------|
| Earthy phosphates—a trace        | Precipitated sulphur |
| Azotized organic matter          | Iodine               |
| The gaseous matter consists of:— |                      |
| Sulphuretted hydrogen            | Nitrogen             |
| Carbonic acid                    | Oxygen               |

In subsequent numbers I design to give some account of the medical nature and applicability of this water to particular diseases, with some general directions and precautions in its use, under particular circumstances.

*December, 1843.*

### PHRENO-MAGNETISM.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

AN important circumstance in the Mesmeric sleep, is, that all the material conditions, by which sensation is ordinarily attended, are suspended. It is not the bodily sensibility merely that is destroyed, but the external mechanical laws, which act on it, are inoperative. Not only the eye is blind, but the person sees where the straight lines of light do not act. Not only is the ear deaf, but there are no vibrations of air to impart vibratory impulses to it, when a question addressed mentally to the patient is answered by him. Had either one of the mechanical conditions of sensation, or rather perception, remained, there might be a shadow of reason for modifying the other and extending it over the new sphere of the mind's action. But when we find all the mechanical laws suspended, viz., the external impulses and the internal adaptations to receive them, most surely the natural inference is, that the mind perceives by a new mode, so far as they are concerned. And as we find no reason to infer a change in those operations of the mind which are revealed to us by consciousness, it is here we are bound to look for the universal and necessary fact on which perception depends. The physical laws are, we should also infer, arbitrary and contingent; associated, indeed, with perception, while the mind maintains its usual relations to the external world, but having no essential connection with it.

But it may be inquired, if that energizing of the agent, which when directed to its intellectual operations, is called attention, is the only act which precedes perception, how happens it that we are not conscious of it in sensation as in our other modes of knowledge? The answer to this is obvious:—In perception, as contra-distinguished from sensation, the mind by habit executes several processes with such rapidity as to escape its notice. Hence, until the time of Bishop Berkeley, it was the prevailing opinion that the eye judged intuitively of the distance and magnitude of objects; a knowledge which he proved must have been the result of experience. Now as sensation precedes perception, the mind in like manner must have lost, according to the law of habit, the power of observing its acts; and would not be sensible of it, were it a fact that it always attends to the object before it perceives.

Nor is it by any means inconceivable that this power of varying and fixing its attention is the only circumstance that separates the individual agent from the action of the laws of nature. All the ideas with which the mind is affected may be the result of this spontaneous activity, in connection with an Universal Intelligence, at once the cause of the physical laws without and the substance of mind within, sustaining the one and containing the other; through which the law of association acts, transcending the sphere of individual consciousness. However this may be, it is not my purpose at present to try to explain it. The fact that the operations purely mental depend on attention would seem to be established, as much as any fact in mental science, if it be admitted that consciousness is in accordance with it as far as it extends. For it must be acknowledged that we sense a thing in proportion to the *degree* of attention we afford to it; that we remember, compare, and judge well, in proportion to the concentration of attention on the objects of our thoughts; that the difference between the intellectual characters of different men, depends on the relative powers of attention; that when one sense is lost (the sight, for instance), by attending to impressions made on another, the mind can almost recover its loss; that in the vast majority of cases of insanity, want of control, another name for varying attention, is so obviously the leading symptom as to form the foundation of what is called the moral treatment. And if we add to these considerations the fact that in natural somnambulism the patient perceives those things only to which the attention is directed by the current of his thoughts, as well as the very striking fact that in artificial somnambulism, or Mesmerism, he is obliged to make an effort to fix his attention in order to know what is required of him, all the proof the subject is susceptible of is afforded.

The view above given not only takes away all miraculous appearance from the phenomena of magnetism, but brings them within the bounds of probability. If it be admitted that the individual agent be bound, by the conditions of its ordinary existence, to associate its perceptions with impulses from without, along the course of the nerves (impulses made in accordance with material laws), those perceptions would necessarily be limited within the sphere of their propagation. Hence we could only perceive those objects of sight, which are within the range of impulses of light propagated in straight lines; we could only perceive those objects of hearing which are within the range of sonorous vibrations of the air; and so with the other senses. But if, again, the ordinary conditions of its action could by any means be suspended, these limitations, we should naturally infer, would be suspended with them, for they are dependent on the same material laws, as the first conditions. The mind, or rather the agent, would therefore have no bounds set to its powers of perception, and would be as likely to know what was said or done, or what exists, in one place, as in another, provided its attention could be conducted along some other train of association to the fact required.

The student of physiology who derives his ideas on the subject from the works which have been most popular with the profession for the last fifty years, would find it difficult to believe that the nervous system of

man and animals is not the seat of something less than an infinite number of specific properties, and that the great object of his favorite science is to investigate them. But if he would divest himself of the prejudices that must fill his mind from the study of the different experimenters, from Magendie to Marshall Hall, to say nothing of the whole class of phrenologists, neurologists, &c., and examine the structure and functions of the nervous system by the light of anatomy and mental philosophy, he would find no reason to infer that that analogy of nature which refers to one kind of structure, but one specific property, is to be violated in the case of the nervous, any more than in that of the muscular or arterial system. He would recognize in the white nervous structure but one property; that of an adaptation to the reception and propagation of fine material impulses: and in the ganglionic or gray matter, whether arranged over the surface of the brain, through the centre of the spinal marrow, or disposed in the form of knots along the course of the nerves, he would perceive nothing but the intermixture of arterial blood with the fibres proper, and would recognize in them nothing but an adaptation to stop or renew, by counter-impulses, those propagated along the nerve. Such counter-impulses he would also have reason to infer must be the result of the passage of the particles of carbon and oxygen of the arterial, into the carbonic acid of the venous blood. And when physiology discloses the fact that pressure on a nerve, or concussion, so well calculated to disturb the propagation of material impulses, destroys its function while it lasts; and pathology shows that important disease of the brain may exist unattended by pressure without manifestly impairing the faculties, he must be slow to believe that any other property, in reality, belongs to it. Ten to one he would regard the mind itself as the source of these specific properties; and the physiologist who employed himself in hunting over the cortical substance of the brain for the seat of Hope, Benevolence, Comparison, &c., would in his view be worse set to work than he who should search in the cortical substance of the kidney for organs to secrete the various constituents of the urine, or the different kinds of calculi. Nor is the occupation of those more elevated, who seek, by slicing the cerebellum, to find the seat of muscular motion or the sexual appetite; or who think, by taking away the ganglia of the special senses, they remove the fountain head of instinct or emotion.

These remarks are not intended to ridicule or to undervalue experimental physiology or its cultivators. Their labors will no doubt serve to promote the advancement of knowledge, when duly estimated; when, for instance, they endeavor to investigate what offices, the performance of which the mind *associates* with the action of individual nerves, instead of attributing those offices to some occult, yet specific endowments of the nerves themselves. The air of self-complacency with which they assume to themselves the title of reasoners from facts, *par excellence*, while they reduce all the phenomena of life and mind to the properties of matter, and at the same time pay no attention to the facts that have been contributed to mental philosophy by such minds as Locke, Berkeley, Reid, Stewart, &c., is truly imposing. Could this last class of facts be

materialized so as to be cut, pinched, tied or pricked; or be soldered together, and driven in like a wedge between their premises and conclusions, they might be found worthy of attention. Becoming sensible, they would be estimated, and reasoning from consciousness down to observation would be as highly valued as reasoning from observation up to consciousness.

In my next communication an attempt will be made to draw a parallel between the development of the brain in the several classes of animals, and the manifestation of the faculties of the mind, with the intention of showing that while it is improper to speak of that part as the organ of the mind, still it indirectly affords assistance to it by counterbalancing the influence of the rest of the nervous system. Compelled, as the agent is, to fix its attention by physical impulses in order to perceive, if there were nothing to disengage it from the influence of these impulses it could not withdraw its attention spontaneously in order to vary it and bring into view the concomitant circumstances, which in the mind of man forms the compound notion, which does or ought to control his volitions. He would be wholly under the influence of his sensations; or, what is the same thing, of the propensities with which his sensations are associated. The moment a sensation is felt, the propensity would be excited and would control the movements of the animal. But if it be the law that the greater the impulse, the greater the effect on the mind, then the large nervous mass of the brain on which impulses are continually being made by the blood, and to which the mind is insensible, must, it is presumed, have the tendency to diminish the effect of that from without made on any given nerve. Thus in proportion as the brain expands, the voluntary power would be increased, and might be directed intellectually, to the comparing of sensations; and morally, to the calling up of motives to control the propensity associated with any sensation when called into action by it. Such a view as this gives as a reason for the existence of the brain, the existence of the rest of the nervous system, and makes them both dependent on the original law which embodies mind with matter, causing it to be influenced by the latter, but allowing it an independent existence.

T. B. C.

December, 1843.

#### PROFESSIONAL ETIQUETTE.

[Communicated for the Boston Medical and Surgical Journal.]

[THE following synopsis of what the writer justly considers to be the duties of physicians to patients and to each other, was drawn up by a highly-respectable member of the profession in another State. It is submitted to the faculty generally, with the intention, on the part of the writer, of a more definite disposal of it in his own State hereafter.—ED.]

1st. Called to a patient, believing he understands the case, the attendant should prescribe until one of the three following circumstances occurs :

1st, dissatisfaction with the effect of his own prescription, when *he* should *request counsel*; 2d, the *patient* or *friends* wish it, which he should admit, or freely relinquish his charge; 3d, apparent danger of a fatal termination, which he should disclose to the friends, that they may avail themselves of whatever they may choose, to avoid a too oft unprofitable and not unfrequently unreasonable reflection.

2d. To his counsel he should state the case and treatment, with its effects up to that period; and if counsel be called for the following purpose (as often it is), viz., to *direct*, he should follow strictly the directions, till dissatisfied with its effects, when he should report his opinion to the friends, that they may have an opportunity for calling counsel again, or charging himself with the responsibility of prescribing—always rendering a just and true account of his stewardship; or, 2d, to *advise* and enlighten by the evidence of his opinion, enforced by his reasons, leaving him yet with such additional light to pursue his own judgment; or, 3d, which is the more common way, to *confer* and agree on the proper course to be pursued—which course, as in the *first* instance, he should strictly pursue, until dissatisfied with its effects, when he should, as in that instance, so declare, and for like reasons; but if, on comparing opinions, they cannot be reconciled, he should state the fact to the friends for their decision, and if they do not decide, request further counsel for that purpose, always yielding to the expressed wishes of the patient, or friends, so far as compatible with justice to the patient and the honor of the profession.

3d. Called to visit another physician's patient, he should attend under the following circumstances: 1st, if, from all the circumstances, he believes good will arise from the consultation, i. e., if the attending physician is an honorable man, and has been notified of his intended call; or, 2d, if the attending physician, from any cause, *cannot* attend, and the patient needs immediate aid, which he should endeavor to grant, in *silence*, save in *writing*, under seal, to the attending physician, but should not consent to take charge of the patient, until the attending physician has been afforded an opportunity for consultation, and in no instance, nor under any circumstances, should he detract from his neighbor's professional character, by speaking even *truths*, which cannot or are not likely to benefit *others*, to *his* injury—nor publish a difference in opinion, save by the *unavoidable appearance* of difference in prescription—nor seek business through *pretences* to superior skill, a knowledge and use of empirical remedies or new "systems" of practice, but in all things pertaining to his profession, should he conduct himself in a manner best calculated to promote the welfare of his patient, the peace of society, and the honor of the profession, irrespective of the opinions of those whose *knowledge* is *necessarily limited* and views oftener *incorrect* than otherwise.

A.

December, 1843.

## PREGNANCY WITH HYDATIDS.

At a recent meeting of the Westminster Medical Society (says a writer in the London Lancet), a case was offered for consideration by Dr. Chowne (Lancet, page 226), as "involving an important medico-legal question," and considered by Dr. Reid as "very valuable," and likely "seriously to affect future medical evidence." A woman gave birth to a mass of uterine hydatids, of five months growth, and, wonderful to relate, the delivery was attended and followed by the ordinary symptoms of parturition. "Thirty-six hours afterwards," says Dr. C., "the labia were tumid; the vagina was relaxed and flaccid; the cervix uteri tumid; the os uteri thick, open to the extent of an inch or more, tumid and soft, and giving to the touch the sensation of being fissured. No hydatids remained in it, but there were small coagula passing away, with sanguineous-looking fluid. The parietes of the belly were loose, and the uterus was perceptible above the symphysis pubis. The breasts were large and distended, the areolæ elevated and very brown, the follicles elevated and large; there was also milk in the breast. The secretions from the uterus (seven days after) were such as would occur after labor. The woman, indeed, in every essential particular resembled exactly one in childbed." We are, then, called upon to wonder at this catalogue of symptoms, but should we not have been much more astonished at their absence? Physiological investigations have proved, beyond doubt, that *uterine hydatids* are invariably the result of impregnation. A pregnancy which terminates by the expulsion of an hydatid mass is, in its *early stage*, perfectly normal. At a certain period, however, the ovum, or a particular portion of it, becomes diseased; and generally the chorion or the placenta. Some abnormal mass (very frequently hydatid) is the result. After symptoms of pregnancy have continued for a longer or shorter time, symptoms of *labor* supervene, and the mass is expelled. Dr. Chowne's description of the morbid product voided by his patient certainly renders the case plain enough. "The mass was formed of cysts, coagula intermixed with them and surrounding them, a great part of the mass being enveloped in a membrane resembling *decidua*."

In these cases, therefore, for the first few months after a successful sexual connection, the female is simply, naturally, and healthily, with child, and, of course, we are by no means to be surprised that she evinces symptoms of early pregnancy. And why is it to be considered extraordinary that the expulsion of this blighted ovum should be attended by all the symptoms of delivery? It is, indeed, *blighted*; but for all that, it has increased more materially in size than it would have done had the life of the fœtus been preserved. A woman with hydatid pregnancy is as large at the *sixth* month as at the ninth, and this is ordinarily a most valuable point in the *diagnosis*. But during the early months it is *utterly impossible* to distinguish between a healthy and a hydatid pregnancy. Thus we cannot wonder very much that Dr. Chowne's patient, when delivered of a "five months' growth, should present the symptoms above recited.

I cannot, with Dr. Chowne and Dr. Reid, feel surprised that a lax state

of the vagina should precede the delivery, as in ordinary parturition; I have myself seen two similar cases, of course attended by this state of the soft parts. Much less can I join Dr. Reid in his assertion that these cases diminish the value of the areola as a symptom of pregnancy. The woman, without doubt, *had been pregnant*.

I should answer the question proposed by Dr. F. Bird, "*Was it really milk that was secreted?*" by assuring him that it really was. Dr. Chowne, indeed, acknowledges that he omitted to test it by the microscope, but "it was rich and white, and differed in its characters on certain days." Besides, "a pupil tasted it, and found it very agreeable." Lastly, the object of introducing this case, however charitable and humane, namely, the fear that a female discovered to have these symptoms of recent delivery might be charged with destroying a child which was never born, might be met with the reply, that such a case could never occur under the superintendence of a medical jurist who knew his duty; for if summoned to examine a woman having all these symptoms, he would not positively declare that she had been recently delivered of a *child*, but he would affirm confidently that such a state of things could only be in consequence of previous sexual intercourse.

Such is the common law respecting "delivery," considered in a medico-legal point of view. "So far," says Beck, "he can pronounce with safety, but if the question have a bearing on the charge of infanticide, *the existence of the child* should be proved."

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 3, 1844.

*Dislocations and Fractures of the Joints.\**—It would be as unnecessary to attempt to prove that this particular work, by the late distinguished Sir Astley Cooper, was one of value, as that rain and dew were of utility to vegetation. So universally have the writings of that great man been circulated, that nothing need be said to enhance their value. A new and much improved edition of "*A Treatise on Dislocations and Fractures of the Joints*," from the fifth London edition, comes from the Philadelphia press of Messrs. Lea & Blanchard, under the superintendence of the Committee of Publication of the Massachusetts Medical Society. The engravings are exceedingly well executed, and the typography, and, in fact, all that belongs to the book, is in a finished style. Facing the title page is an admirable likeness of the great English surgeon, from an original picture by Sir Thomas Lawrence. Besides availing themselves of all the advantages of the latest English editions, put forth under the care of Mr. Bransby B. Cooper, surgeon at Guy's Hospital, Messrs. Lea & Blanchard

\* *A Treatise on Dislocations and Fractures of the Joints.* By Sir Astley Cooper, &c. &c. A new edition, much enlarged, edited by Bransby B. Cooper, Surgeon to Guy's Hospital. With additional observations, and a Memoir of the Author. Philadelphia: Lea & Blanchard. 1844. 8vo. pp. 499.



announce the agreeable intelligence that valuable additional observations have been added from notes furnished by John C. Warren, M.D., the long and well-known professor of Anatomy and Surgery in Harvard University. In this community, and in fact wherever the reputation of Dr. Warren has extended—and where is he not known?—whatever he may have furnished will be considered of essential consequence.

There are eighteen chapters, with an appendix containing observations on fractures of the neck of the femur; and another on the non-union of fractured bones. Lastly, an appendix to the American edition, containing, first, observations on improved apparatus for fractures of the femur; and, secondly, incomplete fracture.

*Water Curing.*—A self-styled reformer, of Northampton, Mass., called *doctor* in an advertisement that recently appeared in a New York paper, informs the public that he speedily intends delivering six lectures on *curing by water*. The notice proceeds thus—"The doctor has taught and practised this cure for the last twelve years, and has rarely if ever failed in a single instance. He has performed cures of a most wonderful character, the details of which will be given in his lectures. For the purpose of spreading this subject as widely as possible, the tickets will be put at one dollar for a course of six lectures." What a philanthropist this man must be, who has worked in all kinds of harness within less than a dozen years, for the sole benefit of poor, miserable, over-fed, over-comfortable humanity! He has entirely taken the wind out of Priessnitz's sails, by priority of discovery; and having failed to frighten the civilized world from roast beef and wheat bread, into a diet of squash custards, turnip pies and skimmed milk, now kindly determines to cure their present maladies—provided he gets well paid for the water. Amongst the rag-fair quacks of modern times, there are some of more eminence in imposition than others: impudence is a ready passport to the society of fools. Where were those wonderful miracles by water effected? Not in Northampton, it is presumed, or they would have been heard of before. How are the advertiser's powers estimated in the pleasant town of Northampton? What would the intelligent people of that place say of his skill in medicine, or attainments in biblical literature?

*Alumni, Graduates, &c., of Berkshire Medical Institution.*—A full and well-arranged catalogue of a public institution, like the one recently issued at the Berkshire school, will be regarded as a very great convenience. It furnishes the names of trustees, overseers, faculty and students for the current year, together with a list of the alumni and honorary graduates, from the creation of the College to the present time. It appears that there were one hundred and twenty-seven students attending the late course of anatomical lectures, which shows the school to be very flourishing.

*Thomsonian Honorary Degrees.*—From the Cincinnati Botanical-Medical Recorder, the following resolution in regard to the conferring of medical degrees, has been taken. The editor seems to combine in his own person the entire power of the institution with which he is connected—

saying *we*, like a king, on all subjects connected with the operations of the College. Perhaps this is perfectly right and proper, since he certainly is superior to the great tribe of which he is hailed the grand sachem. The wonder is, that a man of his attainments, forethought and habitual prudence in the management of ordinary worldly affairs, does not steer his ship out of shoal water, clear of the rocks and reefs that threaten its security, and rid himself of the care and perplexities of Thomsonian ignorance, arrogance and infatuation. Here follows the declaration, and is, as will be seen, of high official import.

"We have determined, therefore, to give diplomas,

"1st. To persons who have faithfully fulfilled the letter of the law, and paid all their bills.

"2d. To those who have practised extensively and successfully for four years or more, and attended one course of lectures here, and paid all their bills.

"3d. To those who satisfy us that they have acquired the knowledge contemplated by its spirit, and paid the charge for the risk of our reputation, and to remunerate us for the expense we have incurred in obtaining the charter and sustaining the institution for their benefit. Say \$100.

"4th. We will give, not a diploma, but a certificate that one is qualified to exercise the Thomsonian Practice; when, by examination, we find him well acquainted with it, and he pays us the price of a Thomsonian patent—\$20."

*Poisonous Meats and Butter from the West.*—Dr. J. J. McIlhenny has published a pamphlet at Springfield, Ohio, on the alarming disease called the *trembles*, or *milk-sickness*, which has swept off man and beast with a fearful mortality wherever it has appeared. Dr. McIlhenny says that he has known cases to occur in the middle of winter; but on inquiry invariably ascertained they were in consequence of eating salted meat—"meat that was killed off pasture and put away for family use." According to the most careful observations of this gentleman, the trembles begin to appear in the spring, with the development of vegetation; accompanies its growth in some sections till autumn, and only disappears with the advent of a frost, which locks up the plants for a winter's rest. If beef, for example, is killed at the season of milk-sickness, if infected, it will re-produce the dreaded malady at any period when used as food. This will explain the occasional appearance of solitary cases in the depths of winter. Dr. McIlhenny says, emphatically, "Many cases are, no doubt, produced in our cities, by the use of dried meat and butter which are there taken and sold. I lately noticed in a paper published in New York city, that a number of persons had there died from eating meat, which, upon examination, was found to have been transported from Ohio." Here is honestly confessed the possibility of poisoning the citizens of the Atlantic cities, by the diseased exports of meat and butter from districts where the trembles may have prevailed. This is a grave matter, since vast quantities of dried beef, venison, &c., besides butter, are brought to eastern markets, where they find a ready sale. It devolves upon physicians to watch the character of any anomalous symptoms of active disease traceable to any such source.

*Homœopathy vs. Poor Laws.*—Mr. Newman, one of the surgeons of the Wells Union, in England, has been dismissed from his office by the Poor Law Commissioners, says a London paper, for practising homœopathically among the sick poor confided to his care. The Commissioners obtained the opinion of the College of Physicians, that a person practising that system, exclusively, is altogether unfit to act as a medical officer of the Union. Mr. Newman was offered permission to retire, but he refused, and was therefore removed.

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*The Veterinary Medical Association.*—This Association held its eighth anniversary meeting, in London, on the 13th of November. Addresses were read, and medals and certificates awarded. The prize subject for practitioners for the ensuing year is, the description of "The minute anatomy of the several tissues which form the connecting medium between the coffin-bone and the crest—their *elasticity or non-elasticity* to be especially considered; together with the varied *movements* resulting from that bond of union, in the foot of a sound adult horse, *both at his work and during rest in the stable*, under all circumstances of sustaining the superincumbent weight, and otherwise." The subject for the prize thesis for students is, "The anatomy and physiology of the fauces, and of the organs of the voice and deglutition." An oration was also delivered by Mr. Wm. Field, from which we copy the following passage:—

"I now approach a portion of my address in which I would wish, with every feeling of diffidence, to intimate to the learned professors at the Veterinary College a defect which I believe still exists in that establishment—I allude to the facility with which pupils are admitted in the first instance. If any young man present himself for admission, no matter how ignorant he may be; if he have never looked into a Latin grammar, and if he be a perfect stranger to the French tongue; if his acquaintance with mathematics and with English literature in general be on an exact par with his knowledge of languages; in fact, if his education have been altogether neglected, and he be in all respects as unfit a candidate for a liberal profession as can be well imagined—the doors of the College are, notwithstanding, opened wide to receive him, and he is, without a question asked, at once admitted as a pupil. Now this I must regard as a sad oversight. It is a practice that does not hold in the medical profession, and it is provided against by the laws of the Pharmaceutical Society just established. Why should it be maintained in ours, more especially as we pride ourselves in being considered on a level with our brother professors and practitioners in human medicine, a position we cannot expect to preserve in these enlightened times, if we disregard the immense importance and advantages of general education as a means of enhancing the character of the veterinarian, and of upholding him in his acknowledged sphere of society. In the army his rank is well known. In London the enlightened veterinary surgeon is on an equality with the professors of other liberal arts. In country towns and large villages, you find him the companion of the clergyman, the surgeon, the lawyer, and not unfrequently the guest of the gentry in his own immediate neighborhood. Such was not the case in those dark ages to which I have already alluded, during the interregnum—so to speak—of the veterinary art, when the patient was handed over to the tender mercies of the ignorant empiric,

who possessed, as a matter of course, impudence and presumption in abundance, but not one half of the intelligence of the animal for which he was called upon to prescribe, and which was thus left to the chapter of accidents to recover or otherwise, as chance might direct."

**Enormous Birds**—The Zoological Society met for the first time in its new rooms, Hanover square, November 28, Mr. Yarrell in the chair, when Professor Owen read a paper on the new genus of extinct birds, *Dinorinus*. About three years ago a femur of an immense bird was sent from New Zealand to this country, and Prof. Owen at that time stated his conviction that it belonged to a large bird of the family Struthioindæ. The attention then excited induced persons in New Zealand to prosecute researches for more remains of this extraordinary bird, and the result has been that the Rev. Mr. Williams was enabled to procure a large quantity of the bones of this bird, which have lately arrived in this country. From these bones, which consisted principally of the femora, tibiæ and tarsal bones, with two of the pelvis, and several vertebræ, Prof. Owen has ascertained that there could not have been less than five distinct species of the dinorinus. Of these, the one first found is the largest; it must have been about ten feet in length, and he calls it *Dinorinus giganteus*. There is no evidence that any of these birds still exist, although traditions prevail amongst the natives of New Zealand of some very formidable bird inhabiting that locality. From the state of the bones, which were found in the mud of a river, there is every reason to suppose that these birds, like the dodo, have only recently become extinct.—*London Lancet*.

**Medical Schools and Students**.—As nearly as we can ascertain, there are five hundred students now attending medical lectures in New York, both schools having an increase upon the number of last session.

At Philadelphia, we learn that they have fully their usual quota.

At Louisville, the estimated number is two hundred and fifty.—*New York Journal of Medical Science*.

At the Boston Medical School, the number of students, the present season, is one hundred and fifty-three.

**Resignation of a Professorship**.—Dr. James McClintock has resigned the Presidency, and the Professorship of Anatomy and Surgery, in Castleton Medical College.

**Medical Address**.—Dr. Archibald M. Welch, of Wethersfield, is to deliver an address to the candidates for medical degrees at Yale College, at the termination of the present course of lectures; and Dr. Abner Brown, of Lowell, Mass., one of the candidates, the valedictory.

**TO CORRESPONDENTS, &c.**—Dr. Leonard's paper on Chorea, Dr. Bodwell's case of Fracture of the Wrist; Dr. Reynolds's article on Asthma produced by Ipecac., together with several new publications, will have attention forthwith.

Number of deaths in Boston, for the week ending Dec. 30, 29.—Males, 12—Females, 17. Stillborn, 1. Of consumption, 5—lung fever, 4—infantile, 2—typhus fever, 1—throat distemper, 1—old age, 2—dropsey on the chest, 1—hip complaint, 1—marasmus, 3—hooping cough, 1—dropsey on the brain, 3—syphilis, 1—measles, 1—rickets, 1—intemperance, 1—croup, 1—unknown, 1.

Under 5 years, 12—between 5 and 20 years, 7—between 20 and 60 years, 8—over 60 years, 2.

*Use of Tobacco.*—The following are the concluding remarks of the Editor of the London Lancet upon the influence of tobacco on the human economy. They are presented as the opinions merely of an intelligent medical man, and not as the undoubted views entertained by the profession generally.

"In the mean time, the facts that we already possess warrant us in concluding that tobacco, used in moderation, is *not injurious to health or to life*; that it originates no peculiar form of disease; and that the thoracic affections, the polypi, the cancers, the colics, the dysenteries, &c., which Rammazini, Fourcroy, Percy, Merat, and hosts of other writers, ascribe to its use, are altogether imaginary as offsprings of 'the weed.'

"Tobacco appears to act solely on the nervous system. The vomiting and diarrhœa which it produces on those who are unaccustomed to its use, or who take it, internally, in poisonous doses, are merely sympathetic symptoms. Upon this view of the physiological action of tobacco, its harmlessness is easily explained. The brain, becoming habituated to the narcotic effects of the tobacco, does not react on the viscera, which continue regularly to perform their functions, and health is preserved. Such is not the case with other narcotic substances, and, more especially with opium, the most important of all. The perpetual use of opium, in addition to its pernicious effects on the brain itself, disorders the digestive system, and, eventually, nearly stops nutrition. This, indeed, is the reason why its long-continued employment invariably destroys the most vigorous constitutions.

Although a conscientious interpretation of *facts* thus obliges us to conclude that tobacco, used in moderation, is not decidedly injurious to health, yet we do not *advocate* smoking. Putting aside the preservative influence which that habit may eventually be proved to possess against certain diseases, we must pronounce smoking to be an idle amusement, specially adapted only for those who, in the absence of profitable subjects of contemplation, are content to pass their hours in the dreamy scrutiny of the clouds they create. It is the principal occupation of the vacant Turk, the indolent oriental, and the scarcely more intellectual loungeur of western Europe,—in a word, of those who, not choosing a better employment, are willing merely to *make smoke*, and then persuade themselves that they have really done 'something.'

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*Rapid Re-union of Parts.*—Dr. Centofanti, of Pisa, vouches for the truth of the following occurrence, in a Florentine medical journal:—A girl, fifteen years old, had two of her fingers suddenly chopped off, through the first phalanx, and, without waiting to "pick up the pieces," she ran to seek surgical assistance. The surgeon caused immediate search to be made for the lost members, and was not a little surprised when they were presented to him doubly divided—that is, they had been each chopped into two pieces, the hand having, doubtless, been closed at the time of the accident. Notwithstanding this, the parts were replaced in their natural situation and closely invested with a bandage. In a few days adhesive inflammation was found to have clearly progressed; healing, in fact, proceeded rapidly, and in the course of the next year it was stated that the fingers had *regained their original mobility*!—*Omodei's Annali. Univ. di Med.*

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXIX.

WEDNESDAY, JANUARY 10, 1844.

No. 23.

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REMARKS ON A PECULIAR FORM OF PARALYSIS.

By William P. Buel, M.D., of New York.

I HAVE met, principally in dispensary practice, with a form of paralysis I do not recollect to have seen described in books. It affects the nerves and muscles of the fore-arm, the hand, the thumb, and the fingers; producing loss of muscular power, and loss of sensation, partial or complete, from the bend of the elbow to the tips of the fingers. From the fact that when the arm is extended and leaned in the direction of pronation, the hand drops powerlessly down, with an utter inability to extend it, the affection has been called the "drop-hand."

The muscles and integuments of the fore-arm, hand and fingers, receive their supply of nervous influence from two nerves—the radial and the ulnar. The radial nerve, after emerging from the bend of the arm, gives off branches to the pronator teres, flexor radialis, palmaris longus, to the flexors of the thumb and fingers, and to the pronator quadratus. Passing with the tendons of the flexor muscles under the ligament of the wrist, it gives off five branches, which are distributed to the adductor muscles of the thumb, and to the radial side of each of the fingers.

The ulnar nerve, after passing the condyle of the humerus, goes down in connection with the ulnar artery to the wrist, where it divides into two branches; one of which, the main branch, passes into the palm of the hand, while the other getting on to the back of the hand, branches over the tendons, and is finally distributed to the back of the little and ring fingers. The other branch, passing under the palmar aponeurosis, is distributed on the ulnar edge of the hand, the outer edge of the little finger, and the sides of the little and ring fingers.

This brief account of the nervous distribution will enable us better to understand the phenomena which occur in the subjects of this affection.

The motions of the fore-arm upon the arm, depending entirely upon muscles seated above the elbow, are not impaired. The muscles which move the hand, the fingers, and the thumb, and which communicate the various motions of flexion and extension, pronation and supination, abduction and adduction, are paralyzed, in some cases partially; in other cases, the paralysis is complete. The hand, as already observed, drops

helplessly when the fore-arm is extended and turned in the direction of pronation. The power of grasping between the thumb and fingers is, in many cases, entirely lost ; as also that of closing the fingers upon the palm. As in other cases of paralysis, the flexors predominate over the antagonist muscles of extension, and the fingers are in a state of some flexion.

The loss of sensation, somewhat enfeebled at the upper part of the fore-arm, is increasingly so as we pass downwards, until we reach the fingers, where it is often complete. The ulnar nerve, from its being exposed at the point where it passes round the condyle of the humerus, being more subject to the cause of the affection than the radial, those parts of the fore-arm and hand receiving their nervous supply from it, are generally most affected, sometimes exclusively so. One branch of the ulnar nerve, as already mentioned, being distributed over the back of the hand, to its ulnar edge, and to the little and ring fingers, the loss of sensation in these parts is complete, being numb and powerless ; while the middle and forefingers and the thumb, retain the power of motion and sensation.

The cause of the affection appears, in all the cases I have met with, to be one and the same, viz., the long-continued pressure of the weight of the body upon the nerves of the fore-arm in sleep. The subjects of these affections tell you they went to bed at night as well as usual ; and when they awoke in the morning, they found the fore-arm and hand numb and powerless in the manner already described. They had no doubt gone to sleep with the fore-arm under the body, and remaining in that condition for several hours, paralysis, the usual consequence of continued pressure upon nerves, is the result. Those cases I have met with, occurred in hard-working people, whose slumbers, after the labors of the day, are dead and heavy. In several instances, I suspected that some extra narcotism had been produced by libations of beer and spirits.

*Treatment.*—When I first met with these cases I treated them by stimulating frictions along the track of the nerves, and repeated blisters on the palmar surface of the fore-arm. This treatment was entirely unsuccessful. I then thought of applying moxas, and this method was attended with complete success. The first case I met was treated with stimulating liniments and blisters for two or three weeks, without the slightest improvement, the hand and fingers remaining perfectly powerless. I then applied a single moxa on the facial surface of the fore-arm, and in a week the improvement was obvious. I was obliged, however, to apply a second or third moxa, before the cure was complete. Since that time I have treated four or five cases, applying in every instance from two to three moxas up and down the palmar surface of the fore-arm ; and the cure is generally completed in from three to four weeks.

Finding this method so successful, I have tried no other. I have been told that in the New York Hospital, electro-puncture has been used successfully in this affection ; but I have not had the opportunity of trying it.

The form of moxa which I have used, is that of small bits of gum

camphor. This form, as it is always at hand, is rapid in its application, and produces as little pain as any method of applying the actual cautery to the human flesh, I prefer, as well in this case, as in others where the remedy is advisable.

[From the striking analogy of the cases above detailed to certain symptoms resulting from exposure to some of the preparations of lead, we addressed a note to Dr. Buell, suggesting a further inquiry; and to this, the following reply was made.—ED.]

Dear Doctor,—In the note you were kind enough to send me this morning, you remark, “There is a peculiar affection, arising from exposure to the effects of lead, called by the workmen the *wrist-drop*, which bears a marked resemblance to the ‘peculiar form of paralysis’ that you describe.” “Some years ago,” you continue, “cases of obstinate constipation of the bowels, accompanied occasionally by paralysis of the hand and fore-arm, occurred so frequently among the soldiers of the United States army, from the use of white lead in cleaning their belts and gloves, that it became necessary to interdict its further use by a general order, which, at the same time, substituted pipe-clay.” “I have thought it,” you add, “worth while to suggest the inquiry, whether the cases you refer to might not have a similar origin.”

Thanking you for your kindness in making the suggestion, I would observe in reply, that when I first met with the cases described in my communication, I was myself forcibly struck with their analogy with certain affections produced by exposure to the effects of lead; and immediately directed my inquiries to ascertain whether they had not the same origin. I could not, however, ascertain that there had been in any such instance, any exposure to the effects of lead. Aware of the fact that beer and cider drawn through leaden pipes, have sometimes produced the peculiar symptoms following the introduction of lead into the system, I was suspicious that these cases might have been thus produced. Further inquiry, however, did not confirm my suspicions, but satisfied me that they were unfounded.

The affection I have described, differs from that which you refer to, in one very important particular. “Some years ago,” you remark, “cases of *obstinate constipation of the bowels, accompanied occasionally by paralysis of the hand and fore-arm*, occurred,” &c. In these cases, and in all similar ones, arising from lead, the constipation of the bowels is the marked and prominent symptom to which the attention of the practitioner would primarily be directed. The cases I have described, were unattended with constipation, or indeed with any other disturbance in the general functions of the system. The patients, I believe in every instance, declared themselves to be in their usual health, with the exception of the paralysis of the hand and fore-arm.

The sudden access of the paralysis in my cases, differs from what might be expected from the gradual introduction of lead into the system in the manner you mention. In these cases, in every instance, the patients retired to rest in their usual health; they waked with the fore-arm



and hand paralyzed. I think then it is fairly to be inferred, that these cases were not the effect of lead.

1st. Because, on diligent inquiry, I could not ascertain that there had been any exposure to lead in any shape or form.

2dly. Because the affection was unaccompanied by constipation of the bowels.

3dly. Because the attack was sudden, and not gradual, as we should expect from the gradual introduction of lead into the system.

4thly. Because in all the instances, the affection was removed by the application of a remedy purely local; a result certainly not to be expected, supposing it to have been produced by a cause operating on the whole system, as the poison of lead.

Since my communication was sent in, I have seen two other cases. They differed in no respect from the cases therein described. Both were treated by the application of camphor moxas to the palmar surface of the fore-arm. The first was a strong, healthy Irishman, perfectly well in all other respects. At the end of a week from the application of the moxas, he returned without much improvement, and rather vexed at finding that his arm was no better than before, and that he had got in addition three sores upon it. At the end of the second week the improvement was decided; and in another week the restoration was complete.

The second case was a woman of very intemperate habits. She returned at the end of the week with, as usual, but little improvement in that space of time. I have not seen her since; but I am confident, from the result in other cases, that she is cured.—*New York Journal of Medicine.*

#### THE WAY SOME PERSONS BECOME DENTISTS.

"A man must serve his time to every trade  
Save censure, critics are already made."

THIS may have been true once, but the poet evidently was no prophet: he did not foresee the day when men should make themselves dentists by a simple act of volition, as the celebrated Jew physician, who gained great reputation in London, made himself a doctor. He was out of money, out of employment, out of patience, and out at the elbows—suddenly he exclaimed, "I am a doctor;" his education was completed, and in a little while he was in full practice. How many dentists have as suddenly willed themselves into business, by this short-hand method of professional induction, we cannot tell.

Fire in each eye, and forceps in each hand,  
They swarm, and cheat, and swagger round the land.

Give one of these gentry a pot of mineral amalgam, and a few leaves of tin foil, and it will be strange if he does not pick the pockets of a neighborhood. Yet, after all, this must be a bad business: people soon discover that they are cheated; practice falls off as fast as it came on, and the great dentist, who makes bad teeth to be better than good ones, and

fills cavities with indestructible (Cornwall) silver or self-adapting paste, is obliged to leave the scene of his miraculous performances, with more despatch than dignity. This routine of operations is performed again and again, until there remains no place where the man is not known, and no place to which he can go; those that know him best, and are most anxious to see him, are precisely the people whom he desires with all his heart never to meet again.

But there is another class of dentists, who must by no means be confounded with the vagabond order above mentioned, and yet who are very unfit to practise the surgery of the mouth. These are well-meaning people, who, either from ignorance of what is necessary to fit them for the profession, or from inability to procure proper instruction, commence practice with scarcely the elementary knowledge of the dental art. They can file a tooth, and perchance extract one. They can paste up a cavity, or fill a hollow grinder with tin or even with gold, but not in such a manner as to secure its preservation. They may even have a sufficient idea of the business to insert, in a bungling way, a pivot tooth. But beyond these rude mechanical efforts, they know nothing, until they acquire experience by practice—that is to say, until they have committed every sort of blunder so often, and with such painful consequences, as to make it hard for them to err in the same way again. Of this kind of dentists there are great numbers, and great numbers are daily joining their ranks.

But there is another class of dental surgeons, very different from those above mentioned. These are the men of science; the men who understand the great principles of medical treatment, who know that the mouth is an integral and most important part of an exquisitely organized whole, and who apply the science of surgery to this one part, not as being detached from the body, but as most closely connected with it. Few of the most skilful surgeons in the country could perform, with excellence, an ordinary dental operation; few could properly pronounce, at a glance, upon the nature and extent of the disease of the teeth; how then can an uneducated man expect to do this? If the profoundest knowledge of surgery, and constant practice in it, does not make a man a dentist; if even the most skilful surgeon must study the diseases of the mouth and their treatment as a speciality, what strange presumption is it in an uneducated man to undertake the practice of an art so important and so difficult.

It must be repeated until it obtains the currency of a proverb, that dentistry is a department of surgery, and that the man who would practise it properly must prepare himself by diligent study and careful mechanical operations.—*American Journal of Dental Science.*

## CHOREA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I here present you with my views of a disorder, respecting the nature and treatment of which, practitioners are exceedingly at variance. My observations upon the subject are at your disposal.

This disease derives its name from a Greek word signifying a chorus, which formerly accompanied dancing. It is frequently designated chorea Sancti Viti, St. Vitus's dance, or the dance of St. Guy;\* because the devotees of St. Vitus continued dancing so long that they induced symptoms of the complaint; and, we are told, could only be cured by repairing to the chapel of St. Weit (as the Germans have it) on the anniversary of this canonized person, where they danced day and night, with faith that dancing would cure them.

Chorea attacks children and young persons of both sexes; females being not more obnoxious to it than males, as has been stated by some writers. I think that children, between eight and sixteen years of age, are more liable to suffer from it than those older or younger. It seldom occurs after puberty, or during infancy; yet no age is exempt from it; for it has been seen in the infant at the breast, and the man of mature years.

Chorea, at the onset, oftentimes attacks the body partially, perceptible in the irregular convulsive muscular movement of one or more of the extremities, trunk or face. Risus sardonicus, which is erroneously considered by some a separate disease, is, occasionally, the first, and very commonly an attending symptom of this complaint. At other times its invasions are general, involving the whole muscular and nervous systems. The patient will have little or no control of the muscles of the will, the power of speech is impaired, deglutition becomes extremely difficult, respiration is impeded, &c. When he attempts to walk, his progress resembles that of an idiot, and his gesticulations are like one intoxicated with alcohol. The countenance and all the features of the face lose their beauty; the disposition is dogged, suspicious, and irritable. From laughing to weeping, the temper changes suddenly to deep anger without a cause.

In severe cases of long standing, the intellect is destroyed, the monarch of the mind abdicates his office, leaves it vacant, and fatuity is the result; or chorea, if not cured, may induce epilepsy, paralysis, or the patient may die of marasmus.

Most authors say that the fits are preceded by rigors, or a tingling sensation of the feet and limbs, that like cold air ascends the spine. This may account for the slight, irregular twitchings which implicate a great number of the muscles at this period. I am certain that the disorder is always produced by some functional derangement. If the bowels are constipated, the abdomen will be tumid; but *tumefaction* is not always an attendant symptom, as many affirm. Borborygmus, occasioned by flatulence, may at the same time be noticed. The condition of the stomach will govern the appetite and render it variable. In the female, deranged uterine function may be present. The functions of the liver and skin are many times involved. Worms are not symptomatic of chorea, but may afflict the patient; so with teething, cutaneous eruptions, rheumatism, &c.—they are not symptoms, but so many combining causes and accompaniments:

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\* It was called the dance of St. Guy by the French.

Opposite opinions are entertained with regard to the morbid anatomy of chorea; and appearances after death are so varied "that they only prove that there is not necessarily any structural change." Morbid changes are indeed found; but they chiefly relate to coincidence, rather than uniform facts. The physiologist alone may solve the inquiry; and this solution is not so complex a task as many would make it to be; for when we understand the *nature* of the malady, we have learned the pathology of chorea, so far as we can as an idiopathic affection.

*General* and *nervous* debility explain the phenomena of this disease, if we take into view those effects depending upon sympathy, which will deviate as patients are affected in different instances; or, in other words, according as the functions of the bowels, uterus, skin, stomach, liver, &c., are disturbed. If there is not *general* debility, why is the patient so feeble? If there is not *nervous* debility, why do nervines act so beneficially upon those laboring under the malady? That there is general debility, no one, who has seen chorea, will attempt to deny; but one who believes the complaint depends upon spasm, or that in its nature chorea is a spasmodic disease, may reply to my last interrogation, that most medicines of the kind mentioned are antispasmodics, and that they operate by relieving spasm. My objections to the doctrine of spasm are—first, antispasmodics will not effect an entire cure, as they would if this doctrine were correct. Secondly, "In severe cases the irregular actions are never suspended excepting during sleep, and may even continue irrespective of this condition." Now it would be impossible for spasm to be kept up so long, and so incessantly, without producing death; yet nervous debility might exist, and life not be in jeopardy. The last reason I shall now give in favor of my own opinion, is, that nervines (independent of their anodyne and antispasmodic qualities) act as *tonics* to the nervous system; and in this way they assist nature in this, and similar diseases.

Whatever tends to induce debility, or impair the nervous system, may be a cause of chorea. Hereditary influence, falls, blows upon the head or about the region of the spine, mental anxiety, excitement of any kind, especially premature excitement of the intellectual faculties or sexual desires, gross diet, unhealthy air, cold, sedentary occupations, and improper directions of the moral feelings, may become causes. Imitation has very little if any influence in its production. Inhabitants north of the equator are more obnoxious to it than those of the southern hemisphere.

Our diagnosis is for the most part made without danger of confounding the symptoms with other affections. Those who have seen it once, will scarcely fail in their diagnosis of chorea; for each case has sufficient characteristic marks to distinguish it—as irregular muscular motions, loss of power over the muscles of the will, general and nervous debility, &c.

The prognosis is favorable when it occurs in the child otherwise healthy. We may always expect to cure such patients as have not organic diseases established, acting as excitants and remote causes, if the person is young, and the disorder not of long duration. When it attacks adults, there will be much doubt of making any complete cures. Chorea scarcely ever proves fatal.

*Treatment.*—Many writers insist upon bloodletting in chorea ; but from what I have seen of the malady, I am led to think that the lancet is not indicated, and consequently would prove injurious, unless visceral inflammation exist. Should there be determination of blood to any important part, to the head, for example, cups or leeches may be applied with advantage. Nervous agitation may cause a quick pulse, and perhaps render it full. Such a pulse, in disorders not of the irritable kind, would stimulate me to employ venesection ; but in the present instance, I should rely upon the tinc. sanguinariæ for its sedative influence over the circulation, and also for its nervine and alterative virtues, which will be serviceable, as I shall presently endeavor to show.

The practice of purging, which is so earnestly enjoined upon us by several writers, and particularly by Dr. Hamilton, I cannot approve ; because I have known bad cases recover without it, and because I have found it of service only in unloading the bowels when constipated ; when this is the case, we cannot do without it. Mild cathartics may generally be trusted for this purpose ; but when we wish to procure the discharge of indurated and fetid fæces, it will be found necessary to employ the more drastic of these remedies. Gentle laxatives may be administered every day or two during the first stage of chorea, and their use may be prolonged if costiveness prevails, unless great debility comes on, in which instance we may have recourse to tepid water enemata.

Emetics can only be useful in evacuating the stomach of foul matter or acidity which may be there ; or, perhaps, by rousing that organ into action, secondarily imparting a shock to the system, which may do much in aiding nature to re-take her desolate castle. When there is acidity of the stomach after giving an emetic, those agents denominated antacids will be likely to do much good. I like the following combinations :—Mag. calc., ʒ ss. ; sub-carb. pot., p. ipecac., p. zing. āā ʒ j. Dose, a teaspoonful every six hours. Or, subcarb. sod., sacc. albi, āā ʒ ij. ; aqu. cinnamon. ʒ v. M. Dose, a tablespoonful every four hours. When there is pyrosis, spt. ammo. or creosote, may be tried. For flatulence, gm. camph. or sulph. eth. may be given.

We can bring in the milder mercurials for their deobstruent virtues with advantage when the functions of the liver and skin are impeded. A few grains of the protochlo. hyd. or the blue mass may be given at night, and followed at morning by a mild laxative. In chorea alterative remedies are often demanded, and we can seldom do better than to give a trial to some of those now under consideration ; should these, however, disappoint our expectations, we may resort to others—as some of the preparations of iodine, the extracti taraxaci, or the sanguinaria that has already been alluded to. We shall rarely have cause to produce pyalism in treating this disease ; on the other hand, we must (as a rule) sedulously avoid it.

Diaphoretics will be called for in the majority of cases, as the skin is generally dry, and perspiration mostly checked. In irritable disorders we shall do well to keep up constant diaphoresis ; when we can do this easily in chorea, we may hail it as a happy prognostic. To this end we

may give p. nit. pot., ʒj.; tart. antim., gr. j.; pil. hydr., gr. vi.; sulph. morph., gr. jss. M. Ft. pil. vj. One to be given every six hours. Or. spts. nit. dulc. ʒj.; vin antim. tart., ʒij. M., and let there be taken a teaspoonful every three hours.

As the urine is often scanty, turbid, or dark, much good may be derived from diuretics. The following is one of the best diuretic prescriptions—calomelanos, p. scill., āā gr. xij.; sulph. quiniæ, gr. xv. M. et div. in chart. x. One powder to be taken once in four hours.

If we suspect the presence of worms, we must take measures to remove them. In lumbrici the most certain vermifuges are calomel and the spirit of turpentine; either may be given in conjunction with oleum ricini. I should never give spigelia in chorea, as I should choose to avoid its well-known violence upon the patient. In ascarides, five or six grains of calomel may be taken at bed-time, and in the morning some aloetic cathartic preparation may follow; or enemata of camphoræ and olei olivarum may be freely thrown up the rectum for a few successive days. For tenia the spirit of turpentine is recommended in doses of ʒss. to ʒij. daily, taken in honey. The spirit of turpentine may possibly be serviceable in recalling the muscular system from its lethargy, and thus impart to it the *primum mobile* of normal action.

We are to treat uterine, and, in short, *all functional derangement*, upon general principles.

After getting our patient in a suitable condition—that is, when we have corrected the deranged functions—we are to administer tonics freely. And of the most appropriate of these, are the sulph. quini., tinc. ferri chlo. and myrrhæ. Here, too, we may employ counter-irritants and blisters. These I think are among our most effectual means for treating chorea. I had a patient last spring, a girl 10 years of age, who had entirely lost the use of her right arm. She could not walk, and she appeared like an idiot. I applied a narrow blister to the whole length of the spine, and one to the affected arm; for a few days sustained their action with the turpentine liniment. In a very short time from this, she walked tolerably well, and could feed herself. This patient entirely recovered, and has manifested no symptoms of chorea for several months.

Sponging the body with cold water impregnated with vinegar or alcohol, then immediately employing dry friction, to be repeated morning and evening, is good practice.

Stimulants are not indicated in chorea, and I think I have seen evil arise from them. A patient, I recollect, who took wine-bitters for their tonic properties for a long time without good, soon recovered by taking quiniæ.

In chorea, narcotics are only employed as sedatives and nervines; this use of them may be adopted, and narcosis not result from it.

Such medicines as allay “spasm” are not called for because they are antispasmodics, *but because they give vigor and strength to the nervous system*; and for this purpose they will be found important agents. The best are sulph. morph., hyoscyamus, conium, assafoetida, blood-root, camphor, valerian and castor.

The moral treatment of chorea consists in cultivating the moral feelings, repressing excited passions, and calling forth those sentiments that are depressed, encouraging the patient, &c. Let him understand that the prognosis is not unfavorable, and that his case is probably curable. Visitors should not be left to gaze on him, nor should his gestures be subjected to criticism. He should be indulged as far as indulgence can reasonably be carried, and his temper kept composed and quiet. Riding in good weather will be of service, increasing the appetite, which must be made satisfied with a *plain but nourishing* diet. JOHN P. LEONARD.  
*Lime Rock, R. I., Dec. 26, 1843.*

#### BIOGRAPHICAL NOTICE OF THE LATE DR. BUCKLIN.

[DURING the last year, death has been busy among the older members of the profession. The loss of an unusual number of them has been felt by us, as well as by those more intimately connected with them, they having long been friends and subscribers to this Journal, some of them from its very commencement. Among these we may mention the names of Page of Maine, Randall of Boston, Bucklin of Hopkinton, Ward of Perry Centre, N. Y., Smith of Worcester, and Briggs of Walpole. We are glad that a friend of one of the most venerable and deserving of them has furnished the following tribute to his memory. From our personal knowledge of Dr. Bucklin, we have no doubt that all that is here said of him is true, and it is gratifying to be able to show in some small degree our estimation of his character by giving place in the Journal to this brief memoir.]

[Communicated for the Boston Medical and Surgical Journal.]

The late Dr. Thomas Bucklin, of Hopkinton, was born in Rehoboth, now Seekonk, Bristol County, Sept. 28th, 1772. His father, Mr. John Bucklin, was, a respectable farmer of that town. His advantages for an education were ordinary for that day. He commenced his professional studies when about 18 years old, with Dr. Humphry, of Pawtucket, R. I., and continued with him about one year. He then put himself under the tuition of the late Dr. Thurber, of Mendon, with whom he continued two years.

In May, 1793, Dr. Bucklin commenced his professional life in Hopkinton, Mass., where he pursued the practice of medicine fifty years. He was admitted a member of the Massachusetts Medical Society in 1812, and has been a Counsellor of that Society more than twenty years.

Few physicians have reached a more eminent standing in the community than the late Dr. Bucklin. When young in the profession he gave evidence of promise. He was naturally zealous and enthusiastic, and followed up his investigations of disease with great industry and earnestness. Prompt to his business, attentive to his patients, and happy in his results, he soon became a noted physician in his town and vi-

cinity. During the last forty years of his life, no medical man was more devoted or more laborious in his pursuits. He was emphatically a student during his whole life; and his strong powers of perception, and retentive memory, made him rich in facts, which he had been accumulating during a long life of experience. His urbanity, his hospitality, and his love for a social hour, will not soon be forgotten.

Dr. Bucklin's manners in the sick-room were most benignant and affable—he seemed always to be in unison with the sick man's feelings. No one sympathized more readily, more actively, with the suffering; and his sympathy could not be restrained—it was impulsive. His moral sensibilities were exalted and refined. But if there was any one quality of his heart that prevailed—that seemed to act as a presiding divinity over the man—it was his benevolence. The community in which he lived will not soon forget or cease to feel the influence of his generous acts. In every public improvement, in every effort for moral elevation or intellectual advancement, or for enhancing the interests and comforts of the community, the heart and hand of Dr. Bucklin were readily enlisted. The loss of so worthy a man, and so able a physician, must be felt by the public, and especially by those who depended upon him in sickness.

We make no attempt to represent the value of such a man as Dr. B. in the family relationship. Those who enjoyed his company daily must realize how difficult this would be. His example as a husband, a parent and neighbor, will have the deepest impression on those who knew him most intimately.

That Dr. Bucklin had no faults, we would not say—for we cannot say that of any man. We knew him to have one sin—but it was an amiable one—the sin of tolerating an opinion differing from his own, especially if that difference was of no practical advantage; and if in his view it had an important bearing upon results, his manner of correcting that opinion was most lenient and christian.

Thus briefly we have alluded to our deceased friend; and if what we have written should serve to retain in a more compact form the elements of his character, or prove an humble tribute of respect to his memory, it will be sufficient for our purpose.

*January, 1844.*

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#### FRACTURE OF THE METACARPAL BONES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If the following is worthy of insertion, please give it a place.

The case was that of a lad, 10 years of age. In passing round upon the frame of a wheel, about ten feet diameter, in the act of falling his hand caught accidentally the horizontal plane, on which was placed iron cross. It passed directly under the roller or axle. The space between the wheel and axle varies from one sixteenth to one eighth of an inch.



The three first metacarpal bones were fractured; that of the index and middle fingers so badly that it was found necessary to remove several pieces of nearly detached bone. The external wound extended from the first phalangeal joint of the little finger to that of the metacarpal joint of the thumb, and around to the inner surface of the carpus. It was about an inch in width on the dorsum of the hand, for nearly half the length of the external wound.

After the portions of bone which were loose in the flesh, had been removed, the wound was closed with sutures, and left for nature to perform her part towards effecting the cure. Proper cathartics were administered, anodynes directed, succeeding the application of a bandage, and splint from the elbow joint. Subsequent dressings required the application of caustic. But the use of *chalk* was found to answer an admirable purpose.

Last Wednesday was five weeks since the accident happened, and the external wound has nearly healed, so that the patient is not thought to require medical treatment.

*Query.*—Would the wound have healed as soon if the loose bones had not been removed, and what will the new formation be? W. B.

*Farmington, Ct., Dec. 23, 1843.*

#### ASTHMA PRODUCED BY IPECAC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed in the Journal several instances in which ipecac. is said to have given rise to asthma, I take the liberty to add one more fact to the number. It is a matter of some practical importance, as it may influence our treatment of disease in constitutions in which the peculiar susceptibility is known or suspected to exist. I would take occasion, in this connection, to inquire of our homœopathic brethren, whether they use ipecac., in the treatment of asthma, on the principle "*similia similibus*?"

The late Dr. Aspinwall, of Brookline, who is still remembered by some of the older members of the Faculty in and about Boston, and who was extensively known for many years as the proprietor of a smallpox hospital, was so injuriously affected by the effluvia arising from ipecac. that he discarded it entirely from his practice, for some years before his death. It produced in him a most distressing dyspnoea. This fact I had from my preceptor, the late Dr. Chaplin, of Cambridge, who was intimate with Dr. A. in the latter years of his life. Yours, &c.

*Gloucester, Dec. 28, 1843.*

JOSEPH REYNOLDS.

## THE PHYSICIAN, A RELIEVER OF HUMAN SUFFERING.

From Prof. Harrison's Introductory Lecture at the Medical College of Ohio, Nov., 1843.

BUT not only by the prevention and cure of disease are the direct advantages accruing to society from an enlightened body of physicians exhibited, but the excellence and utility of the profession are shown also in the mitigation of human suffering.

Were we to assume this single, and subsidiary function of the medical profession as the entire and only ground of the usefulness of the physician in society, still in the eye of humanity there is daily and hourly felt, by the victims of both curable and incurable maladies, a sufficient amount of relief arising from the prescriptions of practitioners of medicine, to shed a lustre of moral and intellectual grandeur around the profession. Perhaps to the man of blind and erring admiration of ostentatious deeds of benevolence, who unreflectingly disregards what is effected in the humble scenes of life for the melioration of human suffering, the reference to such a topic may excite only a feeling of disgust. To the gentle poetic sentimentalist it may partake of the ludicrous when especial notice is taken of the dignity and excellence of the medical profession in connection with so lowly a matter as the mitigation of those agonies which are hourly felt in many a sequestered spot of sickness. And yet the true moral greatness of science is never so finely and nobly evinced as when she steps aside from her abstractions and lofty demonstrations, and converses with groans and sighs, and bottles up the tears of suffering human nature.

Let the far-seeing, penetrating eye of philosophy dart its piercing beam beyond the present, and amid the action of elements apparently incongruous calculate with unerring certainty the events shadowed forth, and with controlling grasp snatch the dark working agents of disaster from their lurking places. Let science in its power of prevention ever go forth in its errands of mercy over the world, and erect its sanatory barriers around man's frail and fleeting existence. Let the tact and skill, and remedial resources of the wise and humane physician, be ever kept in alert and vigorous play to extirpate disease when it seizes on the frame. But never let us forego the divine honors which await our art when it takes to itself its kind and gracious work of soothing the pains it is incapable of removing, and of strewing along the dim and rugged path of death the flowers which smooth the passage to man's final bourne.

## EPILEPSIA IN CHILDHOOD.

**M. JADELLOT** presents the following remarks on this disorder. Epilepsia, denominated likewise *mal des enfans*, on account of its frequency during this period of life, is an apyretic, chronic and intermittent affection, characterized by sudden fainting, general insensibility, convulsions, more or less intense, succeeded by intermissions, in which the patient appears perfectly well.

*Divisions.*—Esquirol distinguishes—*idiopathic epilepsy*, produced by an affection of the brain or its membranes—*symptomatic epilepsy*—*sympathetic epilepsy*: but the author of a recent work on pathology, says that the latter does not exist, but ought to be comprised in the two preceding classes, as the cause, though undiscovered, probably exists.

*Pathology.*—On dissection the following alterations have been discovered: abnormal thickening or exostosis of the bones of the cranium; effusions between the brain and its membranes; granulations or ossifications of the dura mater; serous cysts; hydatids; general or partial softening, induration or hypertrophy of the cerebrum, medulla oblongata, or medulla spinalis; serous effusion in the ventricles; disease of the abdominal viscera.

*Etiology.*—The predisposing causes are youth; nervous temperament; tubercles or acephalo-cysts in the brain; imperfect development of that organ; idiotism; biliary or urinary calculi; intestinal disorders, especially worm cases, dropsy, &c. The occasional are fright; dentition; imitation (this cause is generally admitted, but it is probable that the disorder is produced more by fright in seeing a person so convulsed, than by imitation); chronic diseases of the brain, of its membranes, of the medulla spinalis, or of the bones of the cranium; eruption of an exanthema. Georget mentions a case in which the first paroxysm appeared with a variola.

*Diagnostic.*—None of the symptoms given as pathognomonic by different authors, can be considered as such, for the sudden loss of the senses is observed in apoplexia, hysteria and syncope; convulsions exist equally in other nervous disorders; foaming at the mouth is seen in apoplexia and hysteria. Loss of the senses and sensibility, with convulsive movements, are considered by Esquirol as characteristic, but they are to be met with in catalepsia; and we must not, because one is wanting, conclude that it is not epilepsy. Again, if the patient offers symptoms somewhat similar to those of epilepsy, and after death an abscess or cyst of the brain is found to exist, it is probable that the convulsions were merely sympathetic. Finally, if certain cases of cerebral congestion or hæmorrhage may be taken for epilepsy, the coma and paralysis which come on, soon render such an error impossible.

*Prognostic.*—Incurable when produced by a chronic disease of the brain; on the contrary, may be cured when caused by fright, or dentition, especially if it comes on just before puberty.

*Treatment.*—We have to consider, 1st, the remedies necessary to be employed during the attack, or immediately after; too well known to need repetition; 2nd, those by which the recurrence of the paroxysm may be prevented; severe diet, removal of all moral causes susceptible of producing it, gentle purgatives, &c.; 3rd, those by which the causes may be weakened or destroyed. They may be divided into *rational*, such as general and local bleeding, blisters, issues, moxas, &c.: or *empirical*; here every author proves his favorite remedy, and they are so many that it is almost impossible to enumerate them; the principal ones are,—*valeriana officinalis*; opium, sometimes hurtful, employed generally

when the disease is owing to a moral cause; hyoscyamus niger; belladonna, MM. Ferrus and Leuret employed it successfully at Bicetre, but it must be given in very small doses; moschus moschifera; assafoetida; camphora; folia citri aurantii; oxydum zinci; sulphas quininæ, Professor Peorry gave it at the dose of 3j. to 3 iss., but in one case it gave rise to serious accidents, so that, if employed, it should be with great care; indigo at the dose of from 3j. or 3 iss. to 3j. per diem is recommended by German authors; finally, nitras argenti has been administered in some cases successfully by Professor Fouquir and M. Mérat, and M. Lombard, of Geneva, strenuously recommends it—it is, however, impossible to say whether it ought to be considered as really useful.—*London Medical Times.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 10, 1844.

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*Condie on Diseases of Children.\**—From the increase of works expressly devoted to the consideration of the diseases of children, great good may be expected. In the United States, particularly, physicians of the highest attainments are turning their attention to this great and too long-neglected department of medicine. The multiplication of treatises is not to be frowned upon, but encouraged by the steady countenance of the profession. Who has not felt the want of guides in prescribing for children? And who has not sought with avidity for information that would enable him to combat the maladies of infancy?

When the second edition of Dr. Stewart's excellent volume was laid before us the other day, we were exceedingly gratified; and the appearance of another work on the same subject, from another source, leads us to hope that American writers will soon be regarded with marked favor in foreign countries, in this important department of practice. Dr. Condie's name has been familiar to the medical public for many years. He is distinguished for accuracy and propriety; and it will be acknowledged that no one is better qualified than himself for giving elevated instruction.

According to the author's exposition in the preface, his leading object has been, in the preparation of this treatise, to present a full and connected view of the actual state of pathology and therapeutics, in reference, especially, to the diseases that most usually occur between birth and puberty. He has not dragged in the opinions of others to increase the magnitude of the volume, nor adopted sentiments or views which were not confirmed by his own inquiries and observations. He strives to revive several old remedies, because they are deserving—and brings also before the reader something from the German physicians. It is to his praise that he has studiously endeavored to be understood by students,

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\* A Practical Treatise on the Diseases of Children, by Francis Condie, M.D., &c. Philadelphia, Lea & Blanchard. 8vo., pp. 651. 1844.

who need to have the elements of therapeutics presented to them in a comprehensible form.

The volume is methodically arranged in two parts. In Part I. are considered the hygienic management of children; the peculiarities of organization and function during infancy and childhood; pathology of infancy and childhood; and the semeiology of the diseases of infancy and childhood. In Part II. are embraced diseases of the digestive organs; the mouth, throat, œsophagus, stomach, intestines, respiratory organs, nervous system, the skin, eruptive fevers, cutaneous eruptions, nutritive functions and urinary organs; and lastly, congenital affections, and accidents occurring soon after birth. This is but an outline of the topics brought under special notice. That the book may meet the encouragement it richly merits, is our earnest desire.

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*The Dissector's Guide.*—Messrs. Ticknor & Co. have brought out a third edition of Mr. Tuson's valuable little book for the dissecting room, to which notes and additions were made several years ago by Dr. Lewis, of this city. The publication of three editions shows its appreciation by those for whose special benefit it was originally written. The illustrations are rather hard things to get over: there is too much wood in them. Had the hair lines been a little finer than post-office twine, it would have been quite as well, since if there was a probability that they could not be seen by common eyes, resort might be had to art. On very close examination, it is evident that some of the engravings are not exactly true to nature. For example, at page 39, are two views, presumed to be intended for a representation of the sole of the foot. But by some mishap of the engraver, the flexor longus digitorum looks more like a split paddle of an Indian canoe, than any part of the human form divine. There is another dissection of the fore-arm at page 81, that requires an active imagination to make it look like good work. However, there are many other xylographic cuts here and there interspersed through the book, which are really guides for the dissector, in recognizing essential parts.

The book is a good one, and students cannot have, in a cheap form, a better every-day companion in the course of their researches in elementary anatomy. Some years ago we had occasion to give an opinion in regard to the first edition, and we find no cause for altering the view that was then formed of its intrinsic value, remodelled as it had been by our judicious neighbor and friend, Dr. Lewis.

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*Dr. Coventry's Introductory Lecture.*—In the Geneva Medical College, western New York, C. B. Coventry, M.D., holds the chair of Obstetrics and Medical Jurisprudence. When the lecture term opened the present season, the introductory discourse was delivered by Dr. Coventry, which was afterwards, by request, placed at the disposal of the young gentlemen, who have given good evidence of their discrimination, in publishing a discourse that does credit to the institution. Not finding it convenient to extract from its pages, in connection with these observations, some instructive passages may be copied hereafter. In the meanwhile, we congratulate the College in having a man permanently one of the Faculty, who will exert himself with untiring zeal to give dignity and influence to the school and to the profession of medicine generally.

**Dental Controversy.**—An angry sort of pamphlet has appeared, under the sign manual of H. H. Hayden, M.D., an eminent dentist of Baltimore, avowedly to show up the inconsistencies of C. A. Harris, M.D., favorably known abroad in his editorial character of senior and associate editor of the American Journal and Library of Dental Science, who also, unfortunately for both, resides in the same enterprising city. It so happens that the precise merits of the case are not very well understood here, nor is much light thrown upon the subject by the pamphlet. Dr. H. seems to have been too much provoked to write clearly, and apparently all the while labored under the mistaken idea that the matter on which he was engaged was destined to make a tremendous sensation all over the Continent.

Aside from the unnecessary attack upon ourselves, by Dr. Hayden, in which he has shown less discretion than we hope he manifests in his treatment of broken stumps, we consider that it is an injury to science and to the dental art that two men, in the position in which they are placed, should have fallen out. It would be gratifying to learn that by mutual concessions, if both happen to be blameable, the difficulty has been overcome, and a lasting peace established between them.

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**Multiplication of *Albinos*.**—Although the following article has been extensively circulated in the papers of the day, it is now introduced into the Journal, abridged from the New York Journal of Commerce, in order to give the facts a suitable place for the future reference of such medical writers as may wish to avail themselves of such marvels to illustrate propositions in physiology or vital statistics.

A few days back a colored man, named John Jones, brought the two Albinos or white negro boys, now exhibiting at Peale's Museum, before Judge Ulshæffer, of New York, on a writ of *habeas corpus*. It appeared from the evidence of Jones and others, that Jones, who claimed the children, formerly lived in Wooster street, and had a black wife, by whom he had five children, three of them white and two colored. Some years back he moved to Monroe county; and lived there until 1841, when he came to this city and became a pauper, and his two white sons were bound out by the overseers of the poor, to a person named James Heustead, for two years and a half, which period expired about six months back.—Heustead took the children away from this city and exhibited them in various parts of the country, and their father saw them no more. Recently, hearing that two such boys were being exhibited at Peale's Museum, he went to see them, and then procured a writ of *habeas corpus* and brought them before Judge Ulshæffer, and swore positively that they were his children. A Quaker lady who had before seen the children, also deposed positively to their being Jones's children. A tavern keeper, who had seen them exhibited at Newark by Heustead, also identified these boys as being the same. Other witnesses gave similar testimony, and a case nearly conclusive was made out in favor of Jones's claims to the children.

But now came the other side of the story. A respectable young man, who was born and brought up at Shrewsbury, New Jersey, proved that a colored man, Joseph Manice, who lived there and who had a black wife, had by her five children, three of them black and two white; the latter

boys, and that he parted with them only a fortnight back to the keepers of the Museum, and that the two boys now present before the Judge were positively the same boys born at Shrewsbury, and who only left it a fortnight back.

This testimony of course threw considerable doubt on the matter, and Judge Ulshæffer adjourned his decision in the case until this morning.

In the mean time, some of the parties concerned traced out Heustead; and discovered that he had recently hired the two boys, who had been indentured to him, to a man in Massachusetts, who was exhibiting them there. This man was also traced out, and the two children taken from him and brought to this city, and to the no small astonishment of all parties, the four Albinos, or white negroes, were all brought before Judge Ulshæffer yesterday morning. There was such an extreme similarity in their ages and personal appearances, as to render it difficult to distinguish between them at first sight. But Jones had scarcely cast his eye upon them, when he instantly recognized his own offspring, admitted his mistake in regard to the others, and gave up all claim to them, and each of the contending parties took away their own children.

*Lectures on Mesmerism.*—In after times, the history of the mesmeric infatuation in New England, will be read with surprise, and produce a train of feeling much like that developed by reading an account of the witchcraft mania in the ancient town of Salem.

It may appear almost incredible to those residing without the influence of the magic circle, that audiences of hundreds of people, up to one and two thousand, are congregated together, night after night, in the city of Boston, to be regaled with the subject of animal magnetism. And yet the men who possess the indefinable charm for keeping such infatuated audiences in one uninterrupted state of mental satisfaction, are the last persons in the wide world who would have been selected by wise, learned and discreet judges, to teach a new science. But who are the people that constitute these wonder-struck assemblies? Are they close students in pursuit of important truths? Are they deep thinkers or profound reasoners? Who are they, and what are they? Let echo answer the question. And who are these astonishing lecturers on animal magnetism? Can they speak the English language grammatically; and are their propositions legitimate deductions from any known principles in any science? Those who have heard the best of them, may answer the question.

It will devolve upon the chronicler of passing events, to record the origin and the subsidence of this last in the catalogue of successful impositions in a civilized community. We can only advert to its existence at this particular period, the meridian of its glory, to acknowledge with deep mortification, that a city, denominated the literary emporium, has been disgraced with a class of exhibitions so low and so contemptible.

*Smallpox and Vaccination in Calcutta.*—In the year 1838, Calcutta was visited by a severe epidemic smallpox, which proved fatal to very large numbers. Out of 828 fatal cases, visited and reported on the spot, 497 were males, 331 females. 253 were under 5 years of age; between 5 and 15, 282; between 15 and 25, 183; upwards of 25, 110, so that all ages were alike sufferers. The deaths by smallpox in that year were

six per cent of the total mortality. It is at any rate a curious coincidence, if nothing else, that London was visited by epidemic smallpox in that same year, and that the proportion of deaths by smallpox, compared to the total mortality, was here seven per cent.

Smallpox is not a constant disease at Calcutta, but visits it, just as it does other large towns, epidemically. The demand for vaccine protection there, as here, bears a marked relation to the degree of alarm prevailing during the epidemic invasion. In the three years 1834, 5 and 6, the numbers vaccinated at the Government Vaccine Establishment were respectively 36, 53, 16. Total in three years, 105! In 1838, the number of vaccinated was 1507! The same thing happens in England, and must always happen, so long as human nature remains the same. Out of sight out of mind! It is only by having the bane before our eyes that we think of applying to the antidote. It is only by the occurrence of a bad fire that people are driven to insure their houses.—*London Medical Gazette.*

*Statement of the quantity of rain which has fallen in each year, from 1824 to 1843 inclusive, by the guage kept at the Pennsylvania Hospital :*

|                                | Inches. |      | Inches. |                 | Inches. |
|--------------------------------|---------|------|---------|-----------------|---------|
| 1824                           | 38.740  | 1831 | 43.940  | 1838            | 45.289  |
| 1825                           | 29.570  | 1832 | 39.870  | 1839            | 43.738  |
| 1826                           | 35.140  | 1833 | 48.550  | 1840            | 47.400  |
| 1827                           | 38.500  | 1834 | 34.240  | 1841            | 55.500  |
| 1828                           | 37.970  | 1835 | 39.300  | 1842            | 48.538  |
| 1829                           | 41.850  | 1836 | 42.660  | 1843            | 49.912  |
| 1830                           | 45.070  | 1837 | 39.040  |                 |         |
| Whole amount for twenty years, |         |      |         | 844.818 inches. |         |
| Average for                    |         |      |         | 42.241 "        |         |

*Medical Miscellany.*—A stated meeting of the Censors of the Mass. Medical Society will be held in Boston, on Wednesday, January 31—when candidates wishing license to practise medicine in Massachusetts, can make application.—Dr. Samuel Parkman, of this city, has received the Chair of Descriptive and Surgical Anatomy at the Castleton (Vt.) Medical College; and Dr. R. S. Kissam, of New York, that of the Principles and Practice of Surgery, in the same flourishing school.—The next course of medical lectures at the Vermont Medical College, Woodstock, will commence the first Thursday of March next.

**DIED.**—In Norfolk, Va., Dr. Charles H. Broughton, U. S. N., 27.—At Hartford, Conn., Edward P. Terry, M.D., 43.—At Rockport, Mass., Dr. Charles Manning, 44.—In Walpole, Dr. John K. Briggs, 49.—At New York, Dr. Thomas Pitts, accidentally killed by the bursting of a gun.—At Philadelphia, Mr. Robert S. Seeds, a student of Jefferson Medical College.—At Caraccas, S. A., Dr. Shadrack Nye, formerly of Nashville, Tenn.

**MARRIED.**—At Walpole, Stephen Salisbury, M.D., of Medway, to Miss Elizabeth P. Clark, of W.—At Lacon, Ill., S. G. Smith, M.D., to Miss Mary Ann Pomeroy, of Lacon.

Number of deaths in Boston, for the week ending Jan. 6, 30.—Males, 14—Females, 16. Stillborn, 2. Of consumption, 5—croup, 4—infantile, 5—erysipelas, 1—disease of the brain, 1—influenza, 1— inflammation of the bowels, 1—fever, 1—scarlet fever, 2—old age, 2—lung fever, 1—marasmus, 1— pleurisy fever, 1—child-bed, 2—tumor, 1—unknown, 1.

Under 5 years, 13—between 5 and 20 years, 4—between 20 and 60 years, 8—over 60 years, 5.



*Forceps Case.*—This evening, March 9, 1842, at half-past nine o'clock, I was requested by my friend, Mr. L'Estrange, to visit Mrs. A., ætat. 30, residing at Ferdinand-terrace, Camdentown, in labor with her first child. The liquor amnii had escaped at half-past eight, P. M., yesterday, and she was visited by Mr. L'Estrange at nine, P. M. The orifice of the uterus had dilated gradually under the influence of active pains, so that this morning it had become fully developed; but the head had remained stationary the whole day, after having nearly descended into the cavity of the pelvis. I found no heat of the vagina, and there was ample moisture, with apparently sufficient space for the head's descent, provided it lay in a proper position; but it was placed with the right ear directed to the pubis, and there was, moreover, now, and had been since the morning, an almost entire absence of the uterine action; no heat of skin existed; pulse 100, and small. I preferred the cautious employment of the forceps in this case to the use of the ergot, it being a first labor, which I am of opinion should generally contra-indicate the ergot, so valuable when judiciously employed. Having first satisfied myself that the bladder was empty, I succeeded, by the use of my fingers, in shifting the position of the head so that the middle line of the face was brought to bear upon a point midway between the sacro-iliac junction and the centre line of the hollow of the sacrum. I then introduced the blades of the common forceps, with counterparts, of equal length and width, of their fenestræ; but an easy locking not being possible, I substituted, on the right side of the pelvis, the seat of the difficulty, a short blade, and the locking was now effected without the least force. The stimulus of contact of the blades (which is a common effect) induced a stronger action. Drawing down during the presence of pain only, separating the handles, and resting, as should always be done, in the absence of the parturient throes, the delivery of a living child was safely accomplished, in the course of a very few minutes. The placenta was afterwards removed without difficulty, by Mr. L'Estrange. There was no hæmorrhage; the uterus contracted perfectly. Subsequently to the delivery the pulse sank from 100 to 80. On the following morning, after some refreshing sleep, it numbered 76 beats, and the recovery of the patient was uninterrupted by a single bad symptom.—J. H. DAVIS, M.D., in *London Lancet*.

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*Hemiplegia caused by a Disease of the Nerves.*—M. Martinet read (before the Academy of Medicine) a memoir on hemiplegia. The conclusions are that hemiplegia may exist, independent of a disease of the brain and spinal marrow, and be produced by a disease of the nerves: that it can be recognized by paralysis of the side affected; by its being the result of several partial attacks, having intervals between each; by the integrity of the functions of the spinal marrow, and by the facility with which it yields to the remedies employed in nervous rheumatism.—*London Medical Times*.

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*Henry's Magnesia.*—Epsom salts 1 part, water 50 do. Dissolve, then precipitate with a solution of subcarbonate of potash; wash the first with clean water, and lastly with rose-water.—*Id.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, JANUARY 17, 1844.

No. 24.

## M. LOUIS ON CONSUMPTION.

[A REVIEW of the second edition of M. Louis's *Researches on Phthisis* is contained in the October No. of the *British and Foreign Medical Review*. Some extracts from it are here given.]

*Duration of Phthisis.*—Too much stress can scarcely be laid upon the importance of acquiring an accurate notion of the mean duration of phthisis, and yet no task of greater difficulty, probably, can be assigned the physician. He who has practically, and, at the same time, conscientiously endeavored to ascertain the period of origin of the disease in a considerable number of cases, will fully bear us out, we doubt not, in this view of the difficulty of the attempt. We are indeed persuaded from our own experience that, especially among patients of the class frequenting hospitals, it is not seldom a matter of impossibility to satisfy one's self as to the accuracy of the averments made respecting the outset of disease. And it is for this reason that we are gratified to find M. Louis speaking of his results as drawn from cases in which the duration of the disease was ascertained "with all the precision possible," and not dogmatically presenting them as positively and absolutely accurate. It is besides obvious that the *real* duration of the malady from the first hour of anatomical change can never—no more than in the instance of cancer, for example—be accurately made out; all we can hope to arrive at by the rejection of doubtful cases and the collection of a vast number of facts, is the mean duration of the disease after it has given symptomatic evidence of its existence—in other words, its average *apparent* duration. The latter is fortunately that which the practical observer has the closest interest in the establishment of.

In the former edition of his work M. Louis gave the duration of 114 cases; in the present he adds that of 193 more. We shall place together these two series of results:

| Duration. |   |   | No. of Cases. | Duration. |   |   | No. of Cases. |
|-----------|---|---|---------------|-----------|---|---|---------------|
| 22 days   | - | - | 1             | 39 days   | - | - | 2             |
| 24 "      | - | - | 2             | 40 "      | - | - | 1             |
| 30 "      | - | - | 1             | 45 "      | - | - | 1             |
| 35 "      | - | - | 2             | 50 "      | - | - | 2             |

| Duration.   | No. of Cases. | Duration.        | No. of Cases. |
|-------------|---------------|------------------|---------------|
| 52 days     | 1             | 13 months        | 2             |
| 60 " - - -  | 1             | 13½ " - - -      | 2             |
| 70 " - - -  | 1             | 14 " - - -       | 9             |
| 75 " - - -  | 1             | 14½ " - - -      | 2             |
| 80 " - - -  | 1             | 15 to 19 months  | 10            |
| 81 " - - -  | 1             | 17 to 18 " - - - | 7             |
| 84 " - - -  | 1             | 19 months        | 5             |
| 3 months    | 7             | 20 " - - -       | 4             |
| 3½ " - - -  | 5             | 21 " - - -       | 2             |
| 4 " - - -   | 17            | 23 " - - -       | 3             |
| 4½ " - - -  | 2             | 24 " - - -       | 18            |
| 5 " - - -   | 19            | 28 " - - -       | 1             |
| 5½ " - - -  | 4             | 30 " - - -       | 3             |
| 6 " - - -   | 25            | 36 " - - -       | 9             |
| 6½ " - - -  | 2             | 39 " - - -       | 1             |
| 7 " - - -   | 16            | 48 " - - -       | 11            |
| 7½ " - - -  | 6             | 60 " - - -       | 6             |
| 8 " - - -   | 17            | 66 " - - -       | 1             |
| 8½ " - - -  | 1             | 72 " - - -       | 4             |
| 9 " - - -   | 20            | 84 " - - -       | 1             |
| 9½ " - - -  | 2             | 90 " - - -       | 1             |
| 10 " - - -  | 10            | 10 years         | 2             |
| 10½ " - - - | 1             | 12 " - - -       | 1             |
| 11 " - - -  | 10            | 14 " - - -       | 1             |
| 12 " - - -  | 13            | 20 " - - -       | 1             |
| 12½ " - - - | 3             |                  |               |

Hence it follows that out of a mass of 307 patients, 4 died within the first month, 14 within two months, 26 within the first three months, 98 or about one third of the whole number, within the first six months; facts sufficiently demonstrative of the rapid progress of the disease in a large proportion of cases. In two years 264 of the total number are gone, leaving only 43 to drag on their weary existence. The author has not calculated the mean duration of the malady from his individual facts: we find it to be from seventeen to eighteen months, taking the entire mass of cases; but if the five cases in which the disease lasted ten years or upwards be omitted from the calculation, the average duration is reduced to from fourteen to fifteen months. It is to be observed that these are calculations of apparent duration, as established by means of symptoms—the real duration is possibly *materially* greater.

The series of cases given in the present edition furnishes a lower mean than that of its predecessor; seven years and a half is the longest duration noted in the former—all the instances of a protracted course of ten, twelve, fourteen and twenty years, are extracted from the first.

The mortality produced by phthisis, in the wards of M. Chomel, where the author's first collection of cases was taken, was really enormous, being in the proportion of one to two to the total amount of deaths.

And if to the number of persons actually dying from phthisis be added that of subjects who, perishing of other affections, had nevertheless tubercles or tuberculous cavities in the lungs (forty persons appeared in this category), we have a total mass of 163 tuberculous deaths (if the expression be admissible) out of 358 occurring in the wards of La Charité. There is too much reason to believe that the proportion would be found equally high among ourselves, had we some physician, possessing the devotion and the opportunities of M. Louis, ready to investigate the question on the same principles in the wards of our hospitals. It is obvious that the questions borne upon by such investigations are of a totally different character from those answered by the invaluable reports issued by the Registrar-general, and illustrated by Mr. Farr.

*Hemoptysis.*—The general history of the hemoptysis of phthisis is perfectly well known; two or three points regarding it, however, deserve particular notice. The common belief of the frequency with which hemoptysis proves the immediate cause of death in phthisis, would appear, from M. Louis's experience, to be an incorrect one; at least no such case had presented itself to him at the period his first edition was published, and out of three hundred phthisical persons since observed three only perished of hemoptysis. We cannot help believing that this proportion is somewhat below the ordinary standard: however, it being admitted that hemoptysis may prove the cause of death in some cases and may also be the first symptom of the disease, M. Louis infers that this discharge of blood might actually be at one and the same moment the *first* and *last* evidence of phthisis. We have never heard of a case of the kind actually occurring.

The author reiterates the statement made in his former edition as to the *almost* invariable dependence of hemoptysis, if at all considerable, upon tuberculization of the lungs, except in certain cases where the bleeding has followed external violence or suppression of the catamenia. Our own experience confirms the accuracy of M. Louis on this point, while it testifies to the error of Laennec, in regarding pulmonary apoplexy as the chief cause of abundant hemoptysis. Often are the anatomical characters of apoplexy of the lung obvious in the dead subject, when there has been no hemoptysis during life; in the epidemic yellow fever of Gibraltar the author ascertained that the pulmonary lesion in question was very common, while not a single individual had spit blood at the time.

The marked influence of sex on hemoptysis was exhibited in the former edition of this work; the statements there made, that of forty-two women carefully interrogated thirty-six had suffered from this symptom, while twenty-one only out of thirty-eight males had spit blood, does not, however, receive the corroboration of additional cases. It were much to be wished that the point had undergone investigation in this country, as we cannot divest ourselves of an impression that here, at least, the male sex suffers more frequently than M. Louis's figures would lead us to believe. It is curious, as mentioned by the author, and as general experience witnesses, that hemoptysis occurs with extreme rarity in phthisical *children*. The more special tendency of the malady to implicate the bronchial

glands may in part account for the fact, but certainly not fully explain it; of nearly two hundred tuberculous children observed by M. Guesnard (*Thèse*, p. 12), two only had had hemoptysis, little girls aged nine and eleven years.

M. Louis notes the infrequency with which, comparatively speaking, any immediate cause for the escape of blood can be ascertained; our own experience upon this point coincides with the author's. Nor is the actual anatomical mechanism (if we may be allowed the expression) of the hemoptysis more readily traceable, and if before the formation of cavities we are constrained to refer it to exhalation, so too even after the establishment of ulceration must we provisionally recognize them as its common source, so singularly rare is it to detect a ruptured vessel in the interior of the lung.

*Diarrhœa.*—Of 112 patients 5 only escaped diarrhœa. In the eighth part of the cases it set in with the main disease itself, and persisted till the fatal termination, lasting thus from five to twelve months. Some individuals, whose malady lasted four or five years, labored under almost continual diarrhœa during that long space of time; in the greater number of cases, diarrhœa did not supervene till the principal affection had reached the second half of its course, in some instances not till the closing days of life. The author then regards diarrhœa as belonging to the last period of existence, or as of protracted existence, and inquires into the anatomical conditions attending both varieties. Ulcerations of the small or large intestine, or both, with (in four fifths of the subjects) pulpy softening of the mucous membrane of the colon, were discovered in the first class of cases—all these lesions being evidently of recent origin, and the ulcerations small. Protracted diarrhœa was either continuous or remittent. The subjects affected with the latter form of the symptom, presented lesions not materially differing from those existing in patients whose diarrhœa commenced but a few days only before their death; hence the inference, that in the present class of cases, visible lesions were but a small measure of the cause of the diarrhœa—that these lesions have, too, only made their appearance within the last few days of existence, and that previously to their occurrence, altered secretion was the true source of the intestinal discharge. Lastly, when the diarrhœa had been protracted and continuous, and at the same time the stools numerous, vast and numerous ulcerations were discovered in the small and large intestine.

*Pneumonia.*—The statements originally made by M. Louis respecting the course and influence of pneumonia occurring in phthisical subjects, inconsistent as it has been maintained they are with general experience, are repeated with greater emphasis even in the present edition. When pneumonia makes its appearance in phthisical subjects who are still able to pursue their occupations, and whose strength and flesh have not yet diminished materially, the affection presents the ordinary series of symptoms characterizing it in previously healthy persons; but these symptoms are generally not severe, and the disease “almost always terminated by cure, even when there were tuberculous cavities at the apices of the lungs.” That is, an affection of the lungs which, when those organs

have, like the rest of the system, been previously perfectly sound, cuts off from one third to one seventh of those attacked, becomes almost harmless when they are partially destroyed by the worst form of malady prone to affect them. M. Louis adds: "as if the cavities and tubercles, real foreign bodies in respect of those organs, were the principal existing cause of the inflammation, and necessarily, *for this reason*, diminished its peril." This argument does not appear to us either very valid or very clear. The fact has, however, as we had occasion to observe in a recent volume (Brit. and For. Med. Rev., Vol. XIII., p. 382) been corroborated by the result of M. Grisolle's inquiries on the subject. Pneumonia, on the other hand, "occurring at the close of the disease is almost necessarily fatal;" again, a proposition not very lucidly expressed. When supervening at this advanced period, and when of limited extent, it was not usually announced by any symptom; when implicating a considerable mass of lung, the ordinary symptoms, at least very closely these, are developed.

*The Catamenia, and Pregnancy.*—One female only, of all those observed by M. Louis, continued to menstruate to the last month of life. The period at which suppression occurs is subject to variation; when the disease lasted less than a year, the menstrual discharge ceased to appear on an average at about the middle period of the affection; if from one to three years, the catamenia continued until the last third. When the disease run a rapid course, the cessation of the menses appeared to coincide with the establishment of fever; when the former was of slow type, the author failed in detecting any cause either retarding or accelerating the time of alteration in the catamenia.—Upon the alleged influence of pregnancy in arresting the progress of tuberculous disease, M. Louis is unable to speak with any confidence from his own experience. He points out, however, some easy sources of error in estimating such influence; it is quite possible, for instance, that many of the symptoms of phthisis may be more obscure during pregnancy than when the uterus is empty, although the disease were advancing as rapidly as ever. Nor is it impossible that the progress of the affection might be more rapid after delivery, than at an earlier period of its course. Again, the extraordinary variety which different cases of phthisis present in respect of their progress, points to the necessity of accumulating a vast number of cases, in which the pregnancy has *appeared* to have the alleged influence, before its *reality* be admitted.

*Tubercular Meningitis.*—We have had occasion more than once to draw the attention of the readers of this Journal to the anatomical and other characters of that peculiar form of meningitis of children, to which the names of granular and tuberculous have been applied by its describers, Drs. Ruz, Gerhard, and P. H. Green. These inquirers appear, however, to have limited their observations to the young subject, and the thesis of M. Lediberder, with the new section introduced into the present edition of M. Louis's volume, are the only sources from which acquaintance with the affection, as it appears in the adult, may be derived. The malady, occurring at various stages of the primary disease, com-

mences with frontal, intense and continuous cephalalgia; the face at the same time becomes alternately pale and red; the intellect grows blunted; paralytic symptoms are rare at this period; vomiting almost constantly occurs at the very outset, and its association with cephalalgia is regarded by the author as of itself strongly indicative of the presence of tubercles in the meninges. The violent headache persists for from three to twelve days, accompanied with sharp cries from time to time; the face assumes an expression of astonishment, quickly followed by one of stupor. The pupils, contracted at first, become subsequently dilated. From the fourth to the sixth day delirium, commonly of a tranquil type, sometimes accompanied with agitation and increase of the general sensibility, appears. Somnolence, and eventually coma, are noticed in the intervals of freedom from delirium. When hemiplegia exists, it generally makes its appearance some days later than the cephalalgia; some considerable part of the face, or one of the eyelids only, may be paralyzed; and persistent contraction is witnessed instead of paralysis in certain cases.

Meanwhile the circulation and respiration undergo remarkable changes. The respiration becomes less frequent and less deep, dyspnœa diminishes or disappears, except during the closing days, when on the contrary it undergoes material increase, proportional in amount to the coexisting somnolence. Even in cases where the lungs are extensively excavated, the fever disappears during the earlier periods of the meningial affections; but it returns with intensity towards the close; irregularity of the pulse is very rare. The temperature of the skin falls and rises with the alterations of the pulse.

The duration of the disease varies between eight and fifteen days; rarely is it longer or shorter than these periods.

**Hereditary Influence.**—The reality of hereditary influence in the production of phthisis is so universally admitted, that it would seem a sort of scientific heresy to doubt it. Yet it may be asked, how has it ever been proved? What demonstration has ever been given better than the often reiterated statement (the truth of which is indubitable) that persons often die phthisical whose mothers or fathers were so before them. But obviously, in the instance of a disease so common as phthisis, this affords no sort of demonstration. In order to ascertain the reality and the amount of the influence in question with surety, it would, as the author observes, be necessary to have “tables of mortality, by means of which an equal number of subjects, born of phthisical parents and of persons whose fathers and mothers were not tuberculous, might be compared together.” A Parisian hospital physician, M. Briquet, has rather recently published some statistical results respecting phthisis, to which undue importance is very likely to be attached; one of these results appertains to the present matter, and we subjoin it:

| Phthisical subjects. |      | Parents healthy or non-tuberculous. |      | Parents phthisical. |  | Parents' health unascertainable. |
|----------------------|------|-------------------------------------|------|---------------------|--|----------------------------------|
| 67 Males             | .... | 37                                  | .... | 24                  |  | 6                                |
| 32 Females           | .... | 14                                  | .... | 12                  |  | 5                                |

Hence it would follow that, taking both sexes together, about one third of phthisical subjects spring from parents similarly diseased. But "if the mortality from phthisis at the Necker Hospital (of which M. Briquet is physician) were during three years 11-37 of the whole, or a little less than one third, and if this ratio were general through the capital, it would signify that 11-37 of the population of Paris die phthisical, and that, consequently, whenever engaged in the study of hereditary influence in connection with any disease, we must expect to find tuberculous parents eleven out of every thirty-seven times; so that if the proportion were found the same in the parents of tuberculous subjects, it would follow that hereditary transmission is really without influence in the case of phthisis." It is to be observed that all these *ifs* are attached to propositions which are in all probability positively ascertainable.

*Use of Stays.*—The alleged influence of the use of stays on the development of phthisis is possibly a matter of mere assertion, according to the author. He might have gone further and affirmed it to be actually so. We know of no demonstration in any language on the subject, and are indeed unacquainted with any serious attempt to prove the reality of the baneful influence which it is the fashion to dwell upon. Many of the females submitted to the author's observation had, it is true, labored under difficulty of breathing for a long period before they became phthisical; but the number of men similarly affected was not less considerable. And besides the majority of the author's patients had been brought up in the country, and had not worn stays until their removal to Paris, at an age when they had ceased to grow; and when, consequently, the action of stays could have little or no influence on the dimensions of the thorax. The question in England is somewhat different, for with us stays are much more constantly worn at all periods of the day—the desire to produce smallness of waist is also, perhaps, stronger and more prevalent here than in France, in proportion as the width of pelvis is less among our women than the French; for it is not so much positively small measurement that is coveted, as smallness in comparison with the dimensions of the figure on the level of the hips. But it is obvious that until we have the opportunity of comparing two series of women in all other respects similar, except that the one shall use stays at an early period of life, employ them constantly, and keep them very tightly laced, and the other not use this artificial support, or use it but to a very limited extent, we shall continue without the means of deciding whether and to what amount the alleged influence be real or not.

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#### INGUINAL HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Mrs. W. is a widow lady, 69 years of age. For the last thirty-eight years she has been afflicted, more or less, with "rupture in the



groin ;" but never, with one exception, has she required assistance in restoring the protruded viscera—having been able herself to accomplish the desired object, by taking the recumbent position and pressing gently upon the tumor. She has never worn a truss, with the exception of a few weeks, which was several years ago. Considering it a burden, it was laid aside, preferring occasional pain and the risk of strangulation to the inconvenience of "being hooped." She has a good constitution, and generally has enjoyed as firm health as most persons of her age ; and has been accustomed to active exercise in the duties of a daughter's family.

On the evening of October 30th, I was called to visit her. My attention was directed to the right inguinal region as the seat of trouble ; where a tumor full four inches in length was observed lying along the inguinal canal, accompanied by the usual symptoms of incarcerated hernia. I learned that patient had been afflicted for several days with a severe cold, attended with cough ; and that the protrusion had taken place in the morning while engaged at the wash-tub, and soon followed with severe pain, nausea, vomiting and a dejection.

My first object was to reduce the rupture. To increase my chance of success, I relaxed the abdominal muscles as much as possible, by elevating the shoulders and hips with pillows, and by flexing the legs upon the thighs, and the thighs upon the pelvis, at the same time inclining them towards each other. I then made firm, but not violent pressure upon the tumor for nearly an hour, and renewed my efforts occasionally during the night, accompanied with cold applications and enemas, without the least success. Opium was administered for the purpose of quieting the stomach, and relieving pain, which had the desired effect.

On the morning of 31st I solicited and obtained the council and assistance of my friend, Dr. Robinson, of West Newbury. Our efforts were renewed at intervals till the evening of November 2d, when tobacco injections were resorted to, which produced the unpleasant symptoms of increased nausea, vomiting, cold sweats and prostration of strength, from which she was restored by stimulants—without relaxing the strictured parts in the slightest degree. Our patient was now reminded that the knife was our only remaining remedy, which, with her consent, we would be ready to take in hand early on the following morning, and divide the stricture—the cause of her difficulty—and give her the only chance for life. Compliance was readily granted. Accordingly, on the morning of the 3d, ninety-six hours from the commencement of strangulation, we met our patient for the purpose of fulfilling our engagement. Pulse eighty beats in a minute ; tongue covered with white coating ; abdomen tender ; tumor swollen.

Every necessary preparation having been made, our patient was removed to the edge of the bed, and extended at full length, her right side corresponding to my right, as I stood facing her. I then embraced the tumor with my left hand, and with my right made an incision from the upper, central part downwards to its base. On dividing the integuments, a branch of the external pudic was cut, but did not require the ligature.

The superficial fascia was next raised and divided by successive touches of the knife, till the cremaster muscle was brought fully into view—the fibres of which were carefully raised, and separated sufficiently to admit the grooved director; into which the bistoury was passed, and carried upwards and downwards till the whole were cut and the sac exposed, livid in appearance and softened in texture. A portion of this was carefully pinched up and rubbed between the thumb and finger, previously to its division, in order to escape the danger of wounding the intestine, and then was divided in the same cautious manner, as was the cremaster. As soon as the sac was opened, a small quantity of fluid escaped, and the intestine appeared at the opening, corresponding very nearly in color with the sac, and filled with hardened fæces. Slight membranous adhesions had taken place between the sac and intestine, which were broken up with the finger. The stricture was next searched for, and found at the internal ring, around which adhesions had also formed, and required separation. The constriction was so firm as to forbid the entrance of the point of the finger as a guide to the bistoury. The director was therefore used, into the groove of which the probe-pointed bistoury was carried, and the stricture divided directly upwards. As soon as this was accomplished, but gentle efforts were required to restore the protruded viscera to the abdomen. The sac was left lying in the canal. The edges of the incision were then brought together and secured by adhesive straps, having occupied about thirty minutes in the operation. Our patient was then replaced in bed, inclining slightly to the right. Quietness and the recumbent position were strictly enjoined. A dose of castor oil was given in four hours, which operated kindly the same evening; after which, one grain of opium was administered to procure rest.

4th.—Has passed a tolerably comfortable night; pulse 72; desires food. From this time patient continued convalescent till 8th, when an offensive discharge took place from the wound. Adhesive straps critically examined, and found to have loosened. They were immediately removed, and the whole incision exposed to view. About three fifths of wound, from lower part upwards, had united, as was desirable, by first intention. The remaining two fifths had opened, and the canal completely filled with omentum, the surface of which had mortified, and sloughing commenced. I learned that patient had several times raised herself upon her elbow, and once had been upright in bed. A careful examination was now made to ascertain the precise state of the ring, and the mouth of the sac, in connection with the omentum, in order to determine the proper course to be pursued in relation to the return of the omentum into the abdomen, after removing the mortified surface. These I found completely glued or adhered together. I resolved, therefore, to let them remain unbroken, and remove the mesentery with the scissors. This was accordingly done, on several successive mornings, as it was pushed forward to the surface of the wound, until the whole was removed, together with the sac. An offensive discharge was kept up for nearly two weeks, when it was changed to healthy pus. Granulations now shot up from the bottom and around the upper part of the incision, and the whole

wound put on a healthy appearance. From the discovery of the descent of the omentum till the cessation of the offensive sloughing, patient did not convalesce, and it was found necessary to support her strength with wine, opium and nourishing diet. After this, however, the pulse came down to the natural standard; tongue cleaned; appetite and strength improved; granulations put forward rapidly; canal became obliterated; and December 21st the wound had healed, and the patient was dismissed well. At this date she takes food with the family, and does some work.

I have been induced to send you an account of this case, in consequence of the following interesting particulars.

1st. The advanced age of the patient.

2d. The length of time that had expired from the commencement of strangulation to the operation.

3d. The adhesions that had formed between the sac and intestine, and around the ring.

4th. The livid and softened state of the sac, and discolored intestine.

5th. The descent of omentum subsequent to the operation, its becoming mortified, and its removal, together with the sac.

6th. The obliteration of the canal, obviating the necessity of hereafter wearing a truss.

Yours truly,

*West Amesbury, Dec. 30, 1843.*

BENJ. ATKINSON.

#### THE PROPRIETY OF SUPERADDING INOCULATION WITH SMALL-POX MATTER TO VACCINATION, SUGGESTED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The value of the discovery of the prophylactic power of the vaccine matter surpasses the value of every other discovery, just in proportion as the possession of life surpasses the value of every other earthly possession. And although the vaccine disease is not a universal protection against the smallpox, we have the completest evidence of its being a general one. In a contest with such a direful enemy, it is no wonder that the vaccine disease should sometimes get worsted. It is the battle of a dwarf with a giant. In proposing the addition of the prophylactic power of the variolous to the vaccine matter, I do not mean to imply the least want of confidence in the general efficacy of the vaccine disease. The five hundred clear unbroken complexions which we meet with in all our cities, where we meet with one pitted and broken, furnishes a demonstration of the general protective power of the vaccine disease. I believe, furthermore, that it has all the vicarious power, at the present day, which it ever had. For it is just as easy to believe that the vaccine disease has increased in its power of preventing the susception of the smallpox, as that it has decreased. Indeed, analogy would rather favor the supposition that the vaccine disease may have increased in its prophylactic power, since it is the nature of all contagious diseases to increase in violence the longer they prevail. But the increasing prevalence of the varioloid or modified smallpox, is supposed to favor the idea that

the vaccine disease has become milder or less inimical to the susception of the smallpox. This supposition I shall not examine in detail, but give it a general denial as a matter of my own belief.

The descriptions of the vaccine disease by Dr. Jenner, and others, express in every particular the vaccine disease of the present day. The vaccine pit, its beginning, progress, and final completion in a mahogany-colored scab, and the febrile symptoms which sometimes accompany it, are precisely the same now as they were described to be in the origin of the discovery. The measles and chickenpox of the present day do not answer better to the descriptions of them by Cullen, than the vaccine disease of the present day answers to the history of it by the early vaccinators. It is a fact, however, undeniable, I believe, that a modified species of the smallpox, now called varioloid, is vastly more prevalent at the present day than it was from the time of the discovery of vaccination to the year 1815, when cases of it were first publicly noticed in Paris.

All well-grounded improvements in medicine are received scarcely less by physicians than by the multitude, with the most implicit confidence; self-interest combines with the love of reputation in begetting the most extraordinary reliance in the efficacy of new remedies. All exceptions and failures, in the beginning of medical improvements, are either not admitted, or explained away by certain disturbing causes. Our ancestors were probably no wiser than we are in the eagerness with which they received new truths. Time alone gives us the full length and breadth of all medical discoveries. When the varioloid first began to be noticed in this country, medical men manifested no disposition to admit the failure of vaccination; but either did not admit the fact of previous vaccination, or explained the failure away by disturbing causes. The fact, however, has at length become undeniable that the vaccine disease is not an invulnerable protection against the smallpox. But why was not the varioloid more publicly known in the early days of vaccination?

For many years after the discovery of vaccination, the people of England, and everywhere else, were governed by their old fears and customs regarding the smallpox; they still kept up their old conservative measures and regulations against the aggression of this direful disease; thousands would not submit to vaccination at all, which made it the more necessary for public authorities everywhere to pursue the old system of seclusion and non-intercourse in all incipient cases of smallpox. For the first twenty years after the discovery of vaccination, the wars in Europe engrossed the attention of the civilized world, to the exclusion of all other subjects; and the strictest non-intercourse among all the great nations was not only enjoined, but, to an unheard-of degree, practised. In the armies vaccination was so rigidly enjoined, and all cases of the smallpox so watchfully guarded from extending, that no latitude was allowed for the varioloid to develop itself. In many cases, in the armies as well as in hospitals and poorhouses, inoculation with variolous matter was superadded to vaccination. It is not a little singular that in the very year of the advent of peace to Europe, the first cases of the failure of vaccination, or of the varioloid, should have been noticed, and pub-

licly reported ; as if philosophic observation had just awaked from a long slumber. In the progress of time, old fears and customs respecting the smallpox gradually gave way, and so "let slip the dog of war" to run mad among the nations. The varioloid has developed itself precisely in proportion as prevention against the extension of smallpox has relaxed, and opportunities of communicating it have multiplied.

Vaccination has shown itself to be a mighty barrier to the smallpox, but not impregnable. Never, until the present time, has it had an opportunity of showing its full strength ; all municipal preventive rules respecting smallpox are now nearly repealed ; the population of Europe has doubled since its discovery, and that of the United States more than quadrupled ; the intercourse of cities, States and nations increased a hundred fold ; and the courage or temerity of men in a similar ratio. In this state of things, the varioloid has developed itself, while vaccination has evidently lost none of its prophylactic power.

The vaccine disease, compared with the smallpox, is a local disease ; it discovers no tendency to diffuse itself ; the agency of the vaccine matter confines itself to the point where it is inserted ; and with me it is doubtful whether it ever produces a secondary pit, unless the matter is carried to some new point by scratching with the hand or in some other way. This characteristic of the disease has led me to conjecture whether it would not be better to distribute a number of pocks over the surface of the body. One pock upon the arm, another upon the chest, and a third upon the calf of the leg, might, by more equally distributing the effects of the disease over the body, have a greater tendency to repel the virus of the smallpox. I have often made three pocks upon one arm without perceiving any untoward effects to arise ; and sometimes I have made four pocks, two on each arm, with the same impunity. I have never understood the philosophy of confining vaccination to a single point upon the arm. Even six vaccine pocks, one on each arm, one on each side of the chest, and one on each leg, would not, probably, in grown people, produce much constitutional disturbance. The vaccine matter, however, if diffused over the whole skin would, I think, produce a more severe disease than an ordinary case of smallpox. Cover the skin with as many pocks as ordinarily occur in a case of distinct smallpox, and, I presume, it would raise as high a fever and be as likely to prove fatal.

In the early days of vaccination, the operation was an important and serious business ; it was to protect people from a pestilence that had often caused them to tremble and quake and to flee to the mountains for protection : but now-a-days it is considered of no more consequence than the extraction of a tooth, and procures no more compensation. Everybody vaccinates, without the least reference to the age of the matter ; whether it is colorless or opaque, whether it is derived from a spurious purulent pock or a true one ; or whether the system is in a suitable condition to receive the disease—all circumstances of the highest importance.

It is a general law of the system, that two diseases cannot exist or prevail at the same time. With respect to febrile diseases, the operation

of this law is very observable. The same structure or tissue of the system, I believe, is very rarely affected with two distinct diseases at a time. The skin is not subject to two distinct kinds of eruptions at the same time. Vaccination, therefore, in case of any pre-existing disease of the system, such as the red gum, teething, whooping cough, or any eruption of the skin, would be likely to prove abortive. When the skin is pre-occupied with a humor, be its nature what it may, it must necessarily endanger the proper course of the vaccine disease. Fears are often entertained of the transfusion of various cutaneous diseases by vaccination; but these are for the most part groundless. With the exception of the itch and the venereal, there are no cutaneous diseases capable of being transferred from one person to another. The danger of taking the vaccine matter from one whose skin is diseased, arises from the deterioration of the matter by a pre-existing disease.

But after vaccination has been performed in the best possible manner, and the vaccine disease insured, by a skilful physician, it becomes a question whether we ought not to superadd inoculation with the smallpox virus. In the absence of all sanitary rules and laws, the contagion of smallpox must have full play; the means of social intercourse are multiplying every day; the extremes of society are mixed together in an unprecedented degree, in heated cars, musty steamboats, and unventilated boarding houses; everybody shakes hands with everybody, eats with everybody, and sleeps with everybody. Why not anticipate the contagion by general inoculation? The varioloid produced by inoculation with the smallpox matter, must be as much milder than the varioloid taken in the natural way, as the smallpox produced by inoculation is milder than the same disease taken in the natural way. The danger, therefore, of superadding inoculation with smallpox matter to vaccination, must be exceedingly small, whereas the danger of having it in the natural way is hazardous. I have known many cases of adding inoculation with variolous matter to vaccination, without producing any other disease than a spurious or varioloid pock. In one case of confluent smallpox, in the person of a boy, the father, and aunt who nursed him, were both inoculated with matter taken from the boy, but it produced in both only a single varioloid pock where the matter was inserted; whereas a family of seven persons, who lived in the chambers of the same house, all had a slight attack of the varioloid. Whether in this case the inoculation with variolous matter had any power in preventing the smallpox, I am unable to say; but it is a little singular that both of them, who were much more exposed than the others, should have escaped, and all the others take the disease, although they had all been thoroughly vaccinated some years before. In the early days of vaccination, inoculation with variolous matter was superadded in thousands of cases, to test the validity of the vaccine disease; why not renew the practice? In one case in three hundred, it might excite a mild disease; but in the great mass of cases it would only excite a single spurious or varioloid pock where the matter was inserted.

D. B. SLACK.

*Providence, R. I., Jan. 1, 1844.*

## GONORRHOEA DORMIENTIUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I know not when I have been more pleased with a communication, than I was with the one contained in Vol. XXVII., page 11, of your Journal, by Charles Knowlton. It is after reviewing said article, that I have thought proper to communicate to you the following case, together with the accompanying reflections ; the whole of which is most respectfully submitted for you to decide, whether they are worthy of a place in your valuable repository. It cannot be expected of an individual who barely takes his pen in hand once a quarter to write for publication, that he can give an article the fine polish of one who makes writing his business ; therefore you must take it for granted that all which comes from my pen will be, in a tasteful point of view, like the stones which the Jews were commanded to build their temple of, unhewn and unpolished.

The reason why physicians have been under the necessity of declaring their unsuccessfulness in curing the above-named disease is, in my opinion, because they have conducted their practice upon an erroneous or false theory. Instead of its being a disease, as heretofore generally supposed, owing to, or originating in, a debilitated state of the genital organs, or system entire, it is, probably, caused by an irritable state of the nervous system ; which increased excitement of the nerves is produced or brought about by the perusal of obscene books. I do not say that this disease is always contracted by the reading of books of an obscene character, but I verily believe that of all the known causes, this is the most prolific. Many young people get it into their heads, by the reading of these health-destroying productions, that nothing save sexual intercourse renders this life desirable. On this point a chapter might be written, showing that these books—these Upases of corruption—account in a great measure for so many premature and unprofitable marriages. Many, whose circumstances will not admit of their marrying, and whose venereal appetite is whetted to fury by the vivid coloring of these books, resort, for the gratifying of their feelings, to masturbation ; which manual operation is nearly always, if practised to a great extent, either sooner or later sure to entail a gonorrhœa upon its victim. I do not know that I am right, but I verily believe that a person never had a *seminal emission* during sleep, but what it was the effect of some libidinous dream, which is only an imperfect exercise of the memory, or intermediate state between vigilance and sleep. The tendency to libidinous dreaming will be in exact proportion to the degree of irritability which exists in the nervous system ; and as the desire to gratify the venereal appetite reigns predominant over all others in this class of unfortunate individuals, the object of his lusts during the day is sure to present herself, in a “non-resistant mood,” during his dreams by night. The effect which the mind exerts over the physical functions is incalculable ; and in order to enjoy a good state of health, and exhibit a robustness of constitution, there must exist an equal degree of soundness in action in the mental and physical functions. Hence we

have a direct clue to one of the causes why the brute creation are endowed with, or enjoy, a more equal degree of health than the human species. Their propensities are more equal and less diversified than ours; and the procreative faculties being exercised at more stated periods, and less often, they acquire a greater strength of catenation, and their cerebral organs, which are the grand seat of the nervous system, are permitted to rest more quietly. This continual desire or teasing to satisfy the venereal appetite in those who practise onanism, accelerates the circulation of the blood, and excites the nervous system; and unless this undue excitement is done away, by producing an abatement in the degree of thinking, by marriage or otherwise, it will produce indirect debility; which debility will, there is no doubt, greatly augment the seminal discharges.

But now to the describing of the case I made mention of in the commencement. The patient was a young man, somewhere near the age of 22, of a nervous temperament. Three years since, he applied to a physician for advice. He complained of general debility, pain in the joints, indigestion, headache, &c. His physician, supposing his difficulties to have their origin in an unhealthy state of the stomach and liver, prescribed accordingly; but with no benefit. A number of physicians were called upon in turn to prescribe for his difficulties, but each, being ignorant of the nature of his complaints (for he informed them not as to the true character of his disease), did him no good. Something near two years ago, supposing his disease to be *gonorrhœa dormientium*, I purchased and presented him with *Deslandes's Treatise on Onanism*. He read it, and acknowledged to me that gonorrhœa, as he understood it from the book, was his complaint, and that in masturbation it had its origin; which practice he said he contracted from the reading of obscene books when young. At this time he was what might be termed a living skeleton. His skin was completely paved with furfuraceous scales, and so irritable were his genital organs that he could have nothing pass his bowels without having seminal emissions. Instead of telling him, as I fear physicians are too prone to do, that his case was deplorable or hopeless, I strove to quell the undue excitement of the nervous system, by saying to him that I thought we should be able to restore the secretions in general to their normal condition, to calm the irritable state of the nerves, and that in a short time he would regain his health. To produce the desired effect he was ordered *tinctura guaiaci*, ammoniati, carb. of iron, *unct. lytta*, *balsam copaiva*, &c., and before one fortnight had passed he told me that he felt like a new being. The scales no longer collected on the surface, and the emissions began to occur less frequently. He was no longer obliged to live on nothing, comparatively speaking, on account of his food distressing him, as it had done heretofore. He now weighs 160 pounds, I should think, and is free from any of his former difficulties. He says, had it not been for *Deslandes's Treatise on Onanism*, he should ere this have been in his grave.

Physicians have labored assiduously to cure this complaint by injections, mistaking the disease for the symptoms. If they should search out the *causa proxima*, or remote cause, and prescribe for the same, there



would be less use for injections, and our journals would not long be filled with them from A, B, and C, claiming them as specifics. What should we think of a physician, who on being called to a case of dysentery, should, in order to restrain the discharges from the bowels, give a dose of catechu, instead of endeavoring to correct the primary cause? Why we should call him (or I should myself, at least) an ignoramus, or vain pretender, as it respects his knowledge of the true nature of the case. Therefore it is in vain to suppose that we can cure nocturnal emissions by injections, without any other recuperative means. I do not mean to be understood as saying that injections are never useful, for such is not the opinion that I entertain of them. In *gonorrhœa impura*, in which there is a purulent discharge, I believe them to be, as a secondary means, of essential service, if composed of the right materials, by their mechanical operation; that is, by ridding the parts of the viscid, tenacious and acrimonious matter, which no doubt has a tendency to prolong the cure; but I do give it as my opinion (and only such) that in *gonorrhœa dormientium* they are entirely inadmissible.

LEVI ALDRICH.

*Reading, Vt., Dec. 30, 1843.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 17, 1844.

*The Surgeon-General's Report.*—Those who are interested in the medical statistics of this country—and what friend of science is not—will derive much satisfaction from the series of reports to the Secretary of War, by Thomas Lawson, M.D., Surgeon-General of the U. S. Army. The report of 1843, which was rendered in on the last of October, has just made its appearance, in connection, it is presumed, with that of the Secretary, to whom it was addressed, and therefore but recently laid before Congress. We feel that it will be an act of justice to extract some of the more essential parts of the report, in an unbroken chain; and this we can the better do, on account of the brevity of the document, which is in itself a recommendation not to be overlooked.

There has been paid at the treasury, and by disbursing agents, for medical and hospital supplies, meteorological instruments, books, furniture, &c. \$18,521 22.

“The medical supplies for the army have been furnished to all the military posts, by the medical purveyor at New York, with the utmost regularity and promptitude; and the articles provided have been of the best quality, and, withal, were purchased at the lowest possible cost. During the last four or five years, the average cost of the medical supplies has been about \$2 60 per man per year; for the last twelve months, \$2 22 per man. Below this amount we cannot go, without abridging the sick of some of the necessary comforts; but, with this sum, we have heretofore provided all the essential articles of medical stores, and we can continue to furnish every comfort and convenience which the officer or the

enlisted soldier can reasonably expect or rightfully claim of the government.

"The number of cases of indisposition which have been under treatment in the army, during the last twelve months, was 27,734; 26,820 of which occurred within the past year; 914 being cases that remained of the preceding year. Of the whole number of sick, 26,513 have been restored to duty, 309 have been discharged the service, 18 have deserted, and 160 have died; leaving, on the 30th September, 726 still on the sick report.

"The mean strength of the army for the last 12 months has been about 9,863; and as the number of sick, during the same period, was 27,734, and the aggregate of deaths was 160, it will appear that the proportion of cases of indisposition to the number of men in service, was as 2.81 to 1, or 281 per cent.; the ratio of deaths to the number of men, as 1 to 61 5-8, or a fraction less than  $1\frac{1}{2}$  per cent.; and the proportion of deaths to the number of cases treated, as 1 to 173 7-100 or 57-100 per cent.

"A medical board for the examination of assistant surgeons for promotion, and of applicants for appointment to the medical staff of the army, was convened in the city of New York on the 1st of July last. Before this board one assistant surgeon presented himself for examination; and, having been found qualified, he was recommended for promotion.

"From among the applicants for appointment, twenty-four were invited to the examination, fourteen of whom only reported to the board; ten having declined, or failed to present themselves for examination. Of those who reported to the board, three afterwards withdrew without an examination; one was objected to, on account of physical disqualifications; and ten were examined; and of these last, four were approved and recommended for appointment.

"In conformity with the will of Congress, expressed and implied, an additional number of barometers have been purchased and placed at the prominent positions in our country; and the medical officers have been required to give all the attention to meteorology practicable, compatible with their duty to the sick, and other higher obligations to the Government; so that, in addition to the thermometrical and other meteorological observations which have been heretofore received from the different military posts, we shall be able to report barometrical observations also, from most of the important stations in the United States.

"I deem it to be my duty to call the attention of the Department of War and of Congress to the fact, that, at many of the forts on the seaboard, no proper buildings have been erected for the accommodation of the sick of the garrison.

"As a general rule, in the absence of all accommodations outside of the walls, some of the casemates of the fort are allotted to the purposes of a hospital; where, in addition to the want of privacy, and deficiency of ventilation and of light, the sick are constantly annoyed by the trampling of the other men, and the clangor of their arms within the area of the fort, and frequently shocked by the thunder of the cannon, and the rattling of the battlements over their heads."

That part of the report which relates to Professor Espy's operations, is of sufficient consequence to have a page exclusively devoted to its consideration.

It is apparent, from an examination of Surgeon-general Lawson's annual reports, that he is an indefatigable officer, who is not only exceedingly

accurate and efficient himself, but requires that all who are associated with him in the administration of medical services, of whatever name or nature, be equally so.—Among the diseases producing sickness in the army, we perceive that there was no case of variola during the year, and only 3 cases of varioloid. The one which numbers highest is catarrhus, the cases being 3,795, with 3 deaths. Phthisis numbers 31, with, of course, great fatality, the deaths being 26. Diarrhœa, 2,291 cases, and 9 deaths. Typhus fever, 11, with 2 deaths; febris typhus icterodes, 55, with 12 deaths. Remittent fever, 530, 23 deaths. Continued fever, 69, 1 death. Intermitent fever, quotidian, 2,747, 2 deaths; tertian, 2,445, no deaths; quartan, 29, 1 death. Influenza, 1,348, none fatal.

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*Exhibition of White Negroes.*—Two white boys, born of negro parents, referred to in last week's Journal, and now on exhibition at Mr. Kimball's Museum, in this city, are extraordinary curiosities. There is not an instance on medical record, of the birth of a black child from a white parentage, but many of an opposite character. To the philosopher, such anomalies are problems of the highest interest, and all persons, of ordinary curiosity, should avail themselves of an opportunity for seeing a sight—the like of which does not occur oftener, perhaps, than once in several millions of births.

Charles Manner, ten years of age, and his brother Peter, about eight, were born at Eatonton, N. J. The father, Joseph Manner, born in 1804, is a negro; and the mother, ten years younger, is a negress. Their first child, stillborn, was black, but the second, Charles, above named, is almost milk white. The third child was colored, and the fourth, Peter, also named above, is perfectly white. To all intents and purposes, in organization, features, and expression, they are negroes, even to the woolly, crisped hair, but which is as white as fleece wool. Their eyes are tremulous in a strong light, though the pupil is not exactly of a pink hue. Both, too, are near-sighted. The father says he long since discovered that his own color becomes very much darker in summer than in winter. His wife, he avers, is subject to the same periodical variation of color.

Such are the facts we have collected in regard to these admirable specimens of the well-marked albino, which has been the subject of profound researches in the schools of physiology, in all ages of the world. Medical gentlemen should visit them—as they may never be favored with another opportunity of testing, to a like extent, the correctness of the assertions, the descriptions, or the theories, of those who have written largely and learnedly on the color of the different races of men, and the causes which tend to change it.

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*Castleton Medical College.*—In the Journal, a fortnight since, it was announced that Dr. James McClintock had resigned the chair of Anatomy and Surgery in the Castleton Medical College. This announcement was made on the authority of a letter, which we certainly had no reason to doubt was authentic. The day following—but not till it was too late to alter the paragraph—information was received, from an official source, that Dr. McClintock had been *removed*. Lying before us is the Rutland Herald, of January 4th, 1844—in which this last information is corrobora-

rated by the following notice :—" At a meeting of the Corporation of Castleton Medical College, December 30th, 1843, Dr. Samuel Parkman, of Boston, was appointed to the chair of Anatomy, and Dr. Richard S. KISSAM, of New York, to that of Surgery, in place of Dr. James McClintock, removed." Some curiosity is manifested to know the cause of this sudden ejection of a man who has been an active and prominent member of the Faculty at Castleton. When we are informed, from a responsible source, the medical public shall be gratified.—The advertisement of the lectures will be found on our outside.

*Medical Society of the District of Columbia.*—At a meeting of the Society held January 3d, the following physicians were elected officers for the present year :—Dr. F. May, *President*. Dr. A. McWilliams, Dr. Thomas Sewall, *Vice Presidents*. Dr. Thomas Miller, *Corresponding Secretary*. Dr. Joseph Borrows, *Recording Secretary*. Dr. James C. Hall, *Treasurer*. Dr. F. Howard, *Librarian*. Drs. H. Lindsly, N. Young, J. M. Thomas, J. F. May and W. P. Johnston, *Board of Examiners*.

**TO CORRESPONDENTS.**—The communications of Drs. Wilson, Nye, and Brown, are on file for publication.

**MARRIED.**—At Gloucester, Dr. Joseph S. Barber to Miss Betsey Tucker.—In Leominster, Ms., Dr. Charles W. Wilder to Mrs. Laura S. Kendall, both of Leominster.—At Lennoxville, Canada, M. R. Manchester, M.D., to Miss Eliza Susanna Haskell, of Sherbrooke.—In Brookfield, Vt., S. H. Smith, M.D., to Miss Mary D. Allis, both of Brookfield.—At Arundel Co., Md., Dr. Julius Hall to Miss J. C. Kent.—At Walnut Hill, O., Dr. Henry C. Callihan, of Missouri, to Miss S. H. Metcalfe.

**DIED.**—In New London, Ct., Dr. Elisha North.—At Liberty, Miss., Dr. Woodson J. Moss, an eminent physician.—In Baltimore, Dr. Granville S. Townsend, in his fiftieth year.

Number of deaths in Boston, for the week ending Jan. 13, 40.—Males, 16—Females, 24. Stillborn, 3. Of consumption, 5—measles, 6—inflammation of the lungs, 1—scarlet fever, 1—infantile, 4—epilepsy, 2—croup, 2—teething, 1—disease of the heart, 1—dropsy on the brain, 3—influenza, 1—inflammation of the bowels, 2—lung fever, 3—hooping cough, 1—old age, 1—marasmus, 1—cancer, 1—ulcers, 1—stoppage in the bowels, 1—erysipelas, 1—unknown, 1.  
Under 5 years, 23—between 5 and 20 years, 2—between 20 and 60 years, 11—over 60 years, 4.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Dec. | Therm.        | Barometer.          | Wind. | Dec. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 18 to 37 | from 29.55 to 29.73 | W     | 17   | from 23 to 27 | from 29.40 to 29.44 | N E   |
| 2    | 25 32         | 29.38 29.34         | N W   | 18   | 22 26         | 29.51 29.53         | N E   |
| 3    | 12 36         | 29.50 29.53         | W     | 19   | 17 28         | 29.60 29.63         | N W   |
| 4    | 22 41         | 29.38 29.51         | S W   | 20   | 28 38         | 29.45 29.49         | W     |
| 5    | 31 36         | 29.22 29.70         | N W   | 21   | 30 41         | 29.61 29.62         | W     |
| 6    | 12 30         | 29.68 29.69         | S W   | 22   | 34 40         | 29.32 29.42         | S W   |
| 7    | 26 30         | 28.99 29.42         | N E   | 23   | 30 33         | 29.45 29.51         | N E   |
| 8    | 25 42         | 29.20 29.24         | W     | 24   | 26 39         | 29.39 29.40         | N E   |
| 9    | 27 32         | 29.05 29.10         | S W   | 25   | 32 46         | 29.40 29.49         | N W   |
| 10   | 27 33         | 29.23 29.48         | N W   | 26   | 33 36         | 29.64 29.67         | N W   |
| 11   | 27 36         | 29.10 29.27         | S W   | 27   | 31 32         | 29.25 29.32         | N E   |
| 12   | 24 33         | 29.19 29.27         | N W   | 28   | 27 40         | 29.19 29.29         | N E   |
| 13   | 4 15          | 29.79 29.97         | N W   | 29   | 28 32         | 29.00 29.01         | N W   |
| 14   | 12 35         | 29.63 30.91         | S W   | 30   | 14 21         | 28.88 28.89         | N W   |
| 15   | 31 45         | 29.79 29.81         | S W   | 31   | 21 30         | 28.99 29.13         | N W   |
| 16   | 33 34         | 29.66 29.83         | N E   |      |               |                     |       |

The month of December has been a good New England winter month, cold but not extreme, good sleighing, affording every desirable facility for business. The range of the Thermometer has been from 4 to 46. Barometer, from 28.88 to 29.97. Snow fallen, 23 inches. Rain, 2.28 inches.

## GENERAL TABLE OF THE WEATHER FOR 1843,

AT THE STATE LUNATIC HOSPITAL, WORCESTER.

|                                           | Jan.   | Feb.  | March. | April. | May.   | June.  | July. | Aug.   | Sept.  | Oct.  | Nov.  | Dec.   | Total.                                                    |
|-------------------------------------------|--------|-------|--------|--------|--------|--------|-------|--------|--------|-------|-------|--------|-----------------------------------------------------------|
| Greatest height of Barometer              | 30.12  | 29.90 | 29.78  | 29.71  | 29.73  | 29.73  | 29.81 | 29.84  | 29.87  | 29.70 | 29.88 | 29.97  |                                                           |
| Least "                                   | 28.49  | 28.40 | 28.36  | 28.80  | 29.05  | 29.00  | 29.19 | 29.21  | 29.18  | 28.72 | 28.92 | 28.88  |                                                           |
| Mean "                                    | 29.305 | 29.15 | 29.07  | 29.255 | 29.415 | 29.385 | 29.50 | 29.525 | 29.525 | 29.31 | 29.40 | 29.425 |                                                           |
| Mean height of the Thermometer at sunrise | 27.67  | 15.00 | 21.10  | 39.37  | 47.29  | 56.58  | 57.74 | 63.29  | 55.50  | 43.00 | 30.80 | 24.55  | February 10 and 17, coldest days. Thermometer, Friday     |
| " " at 2, P. M.                           | 36.67  | 23.50 | 31.88  | 50.76  | 64.41  | 70.43  | 76.96 | 74.77  | 69.85  | 53.00 | 40.30 | 34.00  | 10th, 7 below, Friday 17th, 8 below, before sunrise.      |
| " " at sunset                             | 34.48  | 22.35 | 28.29  | 47.56  | 56.06  | 68.30  | 72.00 | 72.38  | 66.66  | 52.62 | 38.00 | 31.00  | July 1, 2 and 12, three warmest days: 88°, 89°, 89°, at 2 |
| Mean between the greatest and least       | 24.50  | 17.00 | 27.00  | 44.50  | 60.00  | 62.00  | 70.00 | 70.00  | 61.50  | 51.00 | 41.50 | 25.00  | o'clock.                                                  |
| Fair                                      | 19     | 20    | 23     | 19     | 26     | 21     | 26    | 20     | 21     | 18    | 19    | 14     | Fair days, 246.                                           |
| Cloudy                                    | 12     | 8     | 11     | 5      | 9      | 5      | 5     | 11     | 9      | 13    | 11    | 17     | Cloudy days, 119.                                         |
| Rain                                      | 4      | 2     | 1      | 10     | 8      | 11     | 10    | 13     | 6      | 13    | 8     | 3      | Rain on days, 59.                                         |
| Snow                                      | 4      | 10    | 10     | 5      | 0      | 0      | 0     | 0      | 0      | 0     | 7     | 9      | Snow fell on days, 45.                                    |
| Halo                                      | 0      | 2     | 0      | 1      | 1      | 0      | 0     | 0      | 0      | 0     | 0     | 0      | 5                                                         |
| Aurora                                    | 0      | 0     | 3      | 0      | 0      | 0      | 2     | 0      | 1      | 1     | 0     | 0      | 7                                                         |
| Inches of Rain                            | 5.05   | 4.45  | 5.23   | 3.13   | 1.75   | 4.15   | 3.39  | 9.19   | 1.25   | 5.19  | 3.63  | 2.28   | 48.67                                                     |
| " Snow                                    | 2      | 30    | 26     | 10     | 0      | 0      | 0     | 0      | 0      | 0     | 23    | 91     |                                                           |
| N. Wind                                   | 8      | 5     | 1      | 3      | 6      | 1      | 0     | 0      | 2      | 0     | 0     | 0      | 26                                                        |
| N. W.                                     | 10     | 3     | 11     | 9      | 5      | 6      | 4     | 7      | 4      | 11    | 10    | 10     | 90                                                        |
| W.                                        | 2      | 5     | 10     | 2      | 2      | 3      | 6     | 1      | 3      | 0     | 6     | 6      | 46                                                        |
| S. W.                                     | 7      | 8     | 0      | 4      | 4      | 10     | 8     | 11     | 7      | 9     | 4     | 7      | 79                                                        |
| S.                                        | 0      | 2     | 1      | 0      | 5      | 4      | 0     | 0      | 0      | 0     | 0     | 0      | 12                                                        |
| S. E.                                     | 0      | 0     | 1      | 3      | 1      | 1      | 2     | 0      | 4      | 3     | 2     | 0      | 17                                                        |
| E.                                        | 0      | 0     | 0      | 0      | 0      | 1      | 0     | 0      | 0      | 0     | 0     | 0      | 43                                                        |
| N. E.                                     | 0      | 0     | 0      | 7      | 2      | 1      | 1     | 7      | 9      | 5     | 4     | 7      |                                                           |

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXIX.

WEDNESDAY, JANUARY 21, 1844.

No. 25.

ERYSIPELAS AND PUERPERAL PERITONITIS.

[DRS. HALL and DEXTER give an account, in the last No. of the American Journal of the Medical Sciences, of the epidemic erysipelatous fever which prevailed so extensively last year in the northern section of Vermont and New Hampshire. We copy that part of it which alludes to a probable connection between the disease and puerperal peritonitis. With regard to the treatment of the erysipelas, it seems to have been varied, though it resolved itself principally into the question—to bleed or not to bleed?]

The *prognosis* of this disease was governed as in other disorders by the age, sex and condition of the patient, the organs and texture affected. When the manifestations were external, and the inflammation of the skin did not recede, there was but little danger to be apprehended. When, however, the cellular tissue became involved in the disease, a long season of suffering was to be apprehended, and unless the patient had a most vigorous constitution, he would ultimately succumb. No language can give an adequate description of the revolting aspects of this form of the epidemic. In many individuals of advanced age, when the inflammation of the cellular texture was extensive, the flesh would drop from the limb, or the whole member present the disgusting spectacle of a livid mass of putrefaction. The most fatal results, for the most part, were to be anticipated in the affection of the internal organs, particularly the bowels and uterus, and during the season when the epidemic might be said to be at its height, not one in seven escaped, who had disease of the last-mentioned organ.

In connection with the foregoing remarks it may not be amiss to present a very brief view of that class of cases to which this statement would seem to allude—*puerperal peritonitis*; not that this disease can with propriety be called erysipelas, but that its fatality is in some manner connected with the prevailing epidemic. It has long been a mooted question, whether puerperal fever was communicated by contagion or by some other agent. Many, at the present time, deny the possibility of contagious communication, while others in our own section have refrained from obstetrical practice, convinced that they have carried the disease from one patient to another. Certain it is, that while many highly-respectable gentlemen,

extensively engaged in practice, deny the contagiousness of either erysipelas or puerperal peritonitis; others, among whom is Dr. Calvin Jewett, admit its contagious character. The latter remarks:—"I do not believe the disease (erysipelas) contagious like smallpox or measles, it approaches more nearly epidemic typhus. I speak of the disease generally, not of puerperal cases, for these are unquestionably communicated by individuals, whether physician or nurse, who have been much with the disease, to women, at or immediately after childbirth. I believe the clothing, not the hand of the physician, communicates the disease. *I wish I were mistaken on this point.*"

If contagion does not contribute to the production of this malady, the question forcibly suggests itself, how it happens that the *proportion* of puerperal cases is sensibly increased during the epidemic prevalence of erysipelas? With ordinary care, perfect seclusion and guarded from the influence of infectious causes, the patient might have some hope of escape, if the disease was communicated by the usual agents of infectious diseases. But not so; entire seclusion, and even living out of the circle of infected atmosphere, is no safeguard, if during labor the patient is attended by a physician who is engaged in daily practice among individuals affected with erysipelas or puerperal peritonitis.

Another inquiry is here suggested. Can the origin of any cases of puerperal peritonitis be traced, during the epidemic, to communication on the part of the physician or nurse? Of one fact we are certain, that no modification of the disease has happened when individuals influenced by fear have removed from the region of the disease to a more healthy locality. This statement refers more particularly to parturient women, and the question just proposed can be answered more readily, by referring to the remark made at the commencement of this article, that several cases of erysipelas occurred at Lancaster, N. H., early in the fall of '41. Among the number of these cases was Mr. H., a farmer, residing at the extreme eastwardly part of the town, and secluded from the inhabitants around him by a dense body of forest, two miles in extent. He was attacked with violent and deep-seated pain in the palm of his left hand, from which a few days previous he had rubbed a piece of skin. The hand and wrist were much swollen, and a deep erythematous blush extended from the point of abrasion along the inside of the fore-arm to the elbow; the glands in the axilla were also tender and a little enlarged.

This was the appearance when first seen, and it was pronounced to be a case of phlegmonous erysipelas, unaccompanied with much constitutional disturbance. The whole hand and fore-arm, after the lapse of a few days, became one extensive abscess, and was opened at several points, discharging a semi-putrid watery sanies, very offensive to the smell. During the attendance of the junior contributor to this paper upon this case, he was called to Mrs. C., in labor with her first child, a fine, healthy, well-formed woman. The labor was natural, and she was left with every prospect of speedy convalescence. On the day of the evening of her confinement, Mr. H. was visited, his hand and arm dressed,

and a portion of cellular tissue cut away, which protruded from the lancet opening. Mrs. C., on the third day after confinement, was seized with all the symptoms of puerperal peritonitis, and after a season of acute suffering, died on the eleventh day from the birth of her child. This was the first and only fatal case of puerperal fever, occurring at Lancaster during the epidemic; and it appears somewhat singular that this case of puerperal peritonitis should occur during the attendance of her physician upon the case of phlegmonous erysipelas, and about the same time that the morbid matter would take effect upon the system, supposing it to have been communicated in any way by her attendant.

In June of the present year, Judge W. was attacked with erysipelatous inflammation of the face and scalp, and after treatment for a few days recovered. While treating this case the junior contributor to this paper was called to a woman in labor with her third child, who resided some fourteen miles from Lancaster, on a settlement made on one of the spurs of the White Mountains, called Cherry mountain, out of the range of the epidemic; not a single case of erysipelas having occurred in the settlement during the prevalence of the disease. The labor was short and natural, as is usually the case with the women of this district. Three days after confinement she was seized with puerperal symptoms, and after treatment for a few days recovered. These two cases are given in brief, but constitute two of the most well-marked and decided cases of puerperal peritonitis that came under treatment while the epidemic continued, and though we have been, in this section, spared much of the suffering and desolation which has almost depopulated other districts in this region, yet we must attribute much of our success to the great care which has been exercised in keeping parturient women from the influence of exciting causes, and also on the part of the physicians and nurses, in the means used to prevent any communication by means of the hand or clothing.

The effects of this epidemic have been experienced in every situation and condition of life, in the populous town and lonely settlement, in the homes of the rich and the log cabin of the poorest squatter. It has ranged through all variety of location, of hill and valley, and has spread consternation and terror wherever it has appeared. In the county of Caledonia, Vt., thirty cases of puerperal peritonitis occurred, only *one of which* recovered. And in Bath, N. H., containing a population of 1500 or 1600, twenty mothers died from puerperal peritonitis, and about forty with erysipelas.

## EMPIRICISM AMONG PHYSICIANS.

From Dr. Coventry's Introductory Address at Geneva, N. Y.

**PERMIT** me, gentlemen, to wander a moment from my subject, to caution you against the temptations to empiricism which surround you. With all the improvements in the arts and sciences, with all the intelligence of the age, quackery was never more rife, more bold, or more unblushing in its pretensions, than at the present time. Were I simply a



practitioner of medicine, I might consider my duty accomplished by doing what I could for the suppression of the evil within the sphere of my private influence ; but placed as I am as one of the guardians of the profession, I cannot, conscientiously, remain silent, whilst I see the very citadel of our profession attacked, not only by open foes without, but by secret enemies within.

It has, indeed, become a serious question, whether the profession is to retain that rank among the liberal occupations, to which its vast importance and deep responsibilities would entitle it ; or whether it is again to become, what it is in all savage and uncivilized countries, a system of empiricism, abandoned to the juggler and the mountebank. Already, the evil inflicted upon community by nostrums and pretended specifics, defies the power of calculation. The search for the elixir of life, the philosopher's stone, and the means of transmuting the baser metals into gold, are considered among the monuments of credulity and superstition of the dark ages ; and yet they are surely not more inconsistent with reason than the search for a panacea, a medicine adapted to all ages, constitutions and diseases, or even all stages of the same disease ; or the supposition that the quadrillionth part of a grain of any medicine would have any influence in disease. And yet these are doctrines swallowed by thousands at the present day ; not only by the ignorant, but by the educated and influential. From the humble follower of Thomson, who conscientiously believes that minerals are poisons because dug out of the earth, and that lobelia and steam are sovereign remedies for all diseases, to the visionary advocates of the most sublimated of all humbugs—homœopathy ; all are united in their efforts to break down the science of medicine and reduce it to a system of charlatantry. I do not address myself to men who thus practise their profession—the ignorance of the one or the cupidity of the other. But I address myself to you, young gentlemen, who are about to commence your profession with honorable motives and a lofty ambition, before you have been tempted by the winning smiles of interest or the seductions of profit. How are these evils to be remedied ? Not by legislative enactments ; for, in this country, when in opposition to the popular will, they are powerless. If anything can be done, it must be by an appeal to the reason and good sense of the educated and influential part of community.

To medical men I would say, strip the profession of the mystery which has too long been permitted to enshroud it, and which has but too often been perverted to unworthy purposes. Teach mankind that, like all other sciences, it is the fruit of study, of observation and experience : teach them the structure and formation of their own system, the laws by which it is governed, and the influence of surrounding agents : teach them that the laws established by Creative Wisdom cannot be violated with impunity. Then exhibit to the votary of pleasure the effects of alcoholic drinks : demonstrate to him that the product of the still is worse than the fabled “ Bohon-Upas ;” that with the fascination of the serpent it unites the deadly sting of the adder. Teach the fond mother that the functions of the heart and lungs are necessary to health, and

that by compressing the chest she is producing disease—perhaps death. Teach mankind that medicines are but relative agents; that they are never necessary in health, but always injurious; and that it is only by a proper adaptation to the particular condition of the patient, that they are useful in disease. I appeal to the venerable clergy, who, from the general benevolence of their disposition, are too often induced to lend the sanction of their names to that which, if they were fully aware of the consequence, they would be the first to condemn. I call upon the legal profession, the sacred guardians of the temple of Justice, to pause before they lend the influence of their bright name, their pure character and unsullied ermine, to the destruction of a profession as elevated in purpose, as pure in practice, and as necessary to community, as their own. I must give the legal profession the credit of having been hitherto the most strenuous opposers of empiricism; but, beguiled by the pretensions of homœopathy, the assertion that it was founded on the inductive philosophy, and incompetent to judge, from their ignorance of the very fundamental principles of the profession, they have too often given their countenance and support to this sublimated nothing.

To such I would address myself: Have you well considered what you are doing? Is an educated and scientific medical profession necessary to community? Is the man who has spent years in investigating the laws of nature, the causes of disease, the effects and operation of medicines, any better qualified to minister to the sufferings of the sick, than he would have been had he never attended to the subject?—for, after all, these are the questions which are at the very foundation. The reply would probably be:—My physician was regularly educated; he understands his profession: true, he professes to be a homœopathist, but he knows enough to use, and does use, active medicines, when necessary: I consider him perfectly safe! He may be so: but why does he profess to be a homœopathist, and yet use allopathic medicines and doses in cases of emergency? This very fact proves that he is acting under false pretences, for the purpose of gulling the public; and, morally, is as guilty as the man who procures money under false pretences; a crime which the laws of this country punish with imprisonment in the state-prison.

The law prescribes no particular mode of practice. A physician is at liberty to give infinitesimal doses of medicine, or no medicine, if he pleases. If he is really honest, he will be content to trust to his success for his reputation. If his practice is so superior to, and more successful than his neighbor's, it would soon be known: if he publishes to the world that he has some new and more successful mode of practice than his professional brethren, it proves that he is not willing to trust to his success; and, disguise it as you may, he resorts to the arts of the charlatan to procure business, instead of relying upon his merits. He throws the whole weight of his influence into the scale of quackery, and does what in him lies to reduce a noble and useful profession to a system of charlatanism; and the man who employs and encourages him, however elevated his standing or however pure his motives, lends the whole of his influence to

the same purpose. But it is said that regular physicians have become homœopathists, and having tried both systems, should be competent to judge. Some have asserted, and I doubt not with truth, that they have been more successful than when practising on the former principles. This does not prove the superiority of homœopathy, but their own incompetence. The truth is, that medicines (unless given in infinitesimal doses) are powerful agents, and in unskilful hands must do more harm than good; and no doubt every incompetent practitioner would do less injury to his patients and community, by practising as a homœopathist than by giving active medicines.

#### EXCISION OF THE UTERUS BY THE ABDOMINAL SECTION.

By A. M. Heath, Lecturer on Midwifery in the Manchester School of Med. and Surgery.

JANE BURNS, æt. 46, unmarried, has never been pregnant, was admitted into the Manchester Union Hospital, under the care of Dr. Hardy, and was transferred to me by the consultation held on the 6th inst. The patient, low in stature, with a tendency to *en bon point*, with blanched cheeks and anæmiated lips, states that, during the last four years, she has suffered from excessive discharges of blood per vaginam, recurring at periods varying from three to four weeks, and continuing for the space of nine or ten days.

About twelve months ago her attention was first drawn to a fulness at the lower part of the abdomen, which, on more particular examination, she discovered to be caused by a tumor about the size of a large orange, and occupying the left hypochondriac region. She suffered no pain from the morbid growth; but its rapid increase in size, and excessive discharges of blood, induced her to consult a medical man, who sent her into the Hospital, when she was submitted to a consultation of the medical officers.

Viewed exteriorly, the abdomen resembled that of a woman advanced seven months in pregnancy, the tumor being situated in the median line, and extending from the pelvis to a little above the umbilicus. It appeared firm to the touch, and admitted of free motion in every direction.

The sensations communicated to the finger introduced per vaginam, were those of an unimpregnated uterus; the os tincæa being situated somewhat forward and closed, the fissure being transverse, and the cervix retaining its pyriform shape. When the finger was pressed against the os uteri, and the tumor raised by grasping it through the abdominal parietes, some motion of the uterus was perceived, which led to the supposition of the tumor being attached to that organ.

After repeated examinations, and most careful manipulations by myself and colleagues, made at different times and in every variety of manner, the conclusion arrived at was the presence of an ovarian tumor; and it was our unanimous opinion that the condition of the patient, and the mobility of the tumor, made it a fair case for extirpation by the abdominal section.

Some preparatory treatment was then decided upon, with a view to

the improvement of her general health, as well as to allow her to become accustomed to her change of situation. To improve the alvine secretions, which exhibited a deficiency of bile, occasional doses of blue pill and rhubarb were prescribed. The ioduret of iron was also recommended to be taken three times a day, and a mild nutritious diet was ordered to be supplied.

The objects having been attained, the patient was pronounced to be in a favorable state to undergo the operation, which was arranged to take place on Tuesday, November 21st, at 11 o'clock, A. M.

On this day the temperature of the operating theatre was gradually raised to 70 deg. Fah. The physicians of the Hospital, Drs. Chaytor, Black and Hardy, having arrived, together with several other professional friends, and my surgical colleagues, Messrs. Ransome and Goodlad, being ready to lend me their efficient aid, the subject of the operation was placed upon the table, when an incision was made from a little below the ensiform cartilage to within an inch and a half of the symphysis pubis, in the median line, but deviating a little to the left opposite the umbilicus, cutting through the skin, adipose tissue and superficial fascia, thus exposing the fascia transversalis. A momentary pause was then made, to allow the small divided vessels to retract, and a ligature was passed round a small branch of the internal epigastric artery. A portion of the fascia transversalis, seized by the forceps, was then divided to admit the director, upon which the opening was enlarged sufficiently to receive my finger, which guided the bistoury in making the incision to the same extent as the external wound, the peritoneum being opened at the same time and in a similar manner.

The tumor now came into view, and was recognized as the uterus distended by solid matter; and this was rendered more certain by the introduction of a trocar. The size and solidity, with the rapid growth of the tumor, and the probable effects which would be produced by the next periodical discharge of blood, determined me at once to effect its removal *en masse*. Having passed my hand over the fundus of the uterus, and behind it, I raised it from the abdominal cavity, when it was sustained by Mr. Goodlad, while two double ligatures were passed, by means of a sharp-pointed aneurism needle, through the cervix uteri, immediately below the circumference of the tumor. Each ligature was then firmly tied, so as to include one half of the neck of the womb and broad ligaments. The parts were then excised and removed. No bleeding ensued from the cut surface; indeed, throughout the operation, not more than three ounces of blood were lost; and after the first division of the skin, few complaints of suffering were made by the patient herself.

The intestines, which had escaped, were re-placed *in situ*, and the abdominal parietes brought together by the interrupted suture at seven points. The edges of the wound were kept in apposition by applying narrow strips of adhesive plaster. To effect this object with more certainty, a large compress of lint was placed on each side over the recti muscles, and then secured by a broad flannel binder, which was tied firmly round the abdomen. The patient was now carefully removed to

a bed which had been prepared for her in the operating theatre. Vomiting came on, and a draught containing morphinæ acetatis, gr. ss., which had been given to her, was instantly rejected. She, however, complained of severe pain about the umbilicus, for which a couple of pills, containing pulv. opii, gr. ij., ammon. carbon., gr. v., were swallowed and retained. The disposition to vomit continued; and after the lapse of half an hour some fluid was ejected, but the pills were not discoverable in it. At this period the pulse was 120, soft and fluctuating.

At 4 o'clock, P. M., I met Mr. Ransome in consultation. The pain being very severe throughout the whole of the abdomen, and fearing again to excite the stomach, we determined on the exhibition of a starch enema with morphinæ acetatis, grs. ij., dissolved in it.

The countenance speedily assumed a placid appearance, the pain began to diminish, the pulse was 80 and soft. Respiration performed normally, the skin perspiring freely. Temperature of the room, 73 deg. F.

7, P. M.—Has had some sleep; is now composed, and states herself to be much easier; pulse has risen to 100, still soft; has passed urine to the amount of  $\frac{3}{4}$  vij., without effort and without distress. Temperature of the room reduced to 70 deg. F.

9, P. M.—Enjoyed a sound sleep for an hour and a half; abdomen free from pain; is cheerful, and expresses her gratitude for the trouble taken in her behalf. Pulse as at last report.

11, P. M.—The pulse has risen to 100, remains soft and tolerably firm; complains of the heat of the room, which is to be reduced a few degrees.

Half past 1, A. M.—A few spoonfuls of arrowroot again roused the stomach. Pulv. opii, gr. j., was administered. From this time she began to sink; the pulse became feeble, the extremities chilled, and at a quarter before 5, A. M., she expired without a struggle, having survived the operation seventeen hours.

*Sectio Cadaveris, performed twenty-nine hours after Death.*—On removing the flannel roller and plaster, union of the cut surfaces of the abdominal parietes was observed to have taken place to the extent of an inch at the umbilicus, the adhesion being strong enough to retain the edges together after the sutures had been severed.

Towards the lower part of the wound the peritoneum had become adherent, requiring some force to separate it. The intestines, jejunum, ilium, and colon, were much distended with flatus; spots of increased vascularity presented themselves in many places, though some difficulty was experienced in distinguishing these from patches which had become tinged by contact with coagula, which had stained the mesentery, rendering the whole of a purple color.

About fourteen ounces of blood were taken from the cavity of the abdomen; on searching whence it had escaped, we found it to have oozed from the cut edges of the uterus, though no disposition to hæmorrhage from this source was evinced on making the section; notwithstanding the ligatures remained tightly constricting, and completely surrounding, the remains of the organ. The intestinal cellular tissue was filled

with clots, which clearly proved to my mind that the hæmorrhage had taken place from no large vessel, to which a ligature might have been applied.

The bladder and rectum were both active, not having been disturbed or otherwise injured. The spleen was remarkably soft; so much so, that when placed upon the table it wanted sufficient consistency to maintain its form.

The kidneys were both much softened at the cortical part, of a brown color, as if drained, or rather freed from blood by washing.

The liver had a peculiar appearance; in color resembling clay, and, like every other organ examined, displayed the almost anæmiated state of the system. The thoracic viscera were healthy; the heart soft, pale and flabby.

*Description of the tumor.*—The excised mass was found to consist of the whole body of the uterus, enveloping a dense adventitious structure. It was of a perfectly smooth, uniform, globular shape, presenting no trace of salient points; weighed six pounds; had a diameter from above to below of seven inches, and a circumference, in the transverse direction, of 20 inches.

The walls of the uterus were increased generally to about three quarters of an inch in thickness, whilst the fibrous structure was as fully developed as during the dilatation of advanced pregnancy.

The tumor took its rise apparently in the muscular structure immediately beneath the mucous membrane, seeing that some few only of the fibres could be traced into it for a short distance; and had proceeded downwards from the fundus, and more especially on the left side, pushing before it the mucous membrane which invested its globular lower extremity with a smooth shining surface. The adventitious structure, during its growth, had been subjected to severe compression; it was firm, hard, exceedingly dense, and had something of crispness on incision.

Its general color was yellowish-white, without much vascularity, and it was divided into definite, irregular lobules by bluish semi-transparent lines; not unlike the bands which traverse true scirrhus formations. The structure was too compact to permit any view, with the unassisted eye, of any cystiform character; and so far as the tumor had been divided, there was no tendency to softening in any part.

It was found that about two inches of the uterus had been left by the incision, and every trace of the diseased structure removed. The os was of the natural virgin size and form, neither patulous, hardened, nor fissured; and its lips were uniformly smooth, rounded and plump. The cervix was not shortened, for the condition which had left the os unaltered in form would not have admitted the cervix to be much spread out.

A few remarks may not be out of place on the error in diagnosis, and the expediency of the subsequent removal of the tumor.

As to the first point, it had suggested itself to many of those who had examined the case as well as myself, that there was something of anomaly in the bloody discharge, and the central situation and firm character of the tumor, and that it was just possible the uterus itself might be the

enlarged organ. But the discharges, although large in quantity, were always periodical, and such as not unfrequently occur, therefore, at the season of catamenial decline, altogether independently of any structural lesion of the womb. Again, the os and cervix, on repeated nice examinations, gave evidence of no deviation whatever from the normal condition, a circumstance of rare occurrence with the kind of tumor which was subsequently found to exist.

The tumor was so uniformly smooth and rounded that the suspicion of a large, hard, fibrous growth of the uterus could hardly be entertained, seeing that such swellings are almost invariably very irregular and nodulated in form. The uterus was examined stethoscopically, but neither by that, nor any other means, could any suspicion be had of pregnancy; and the diagnosis of ovarian disease was confirmed by the manifest enlargement which seemed to be taking place in the swelling during the few weeks which preceded the operation. On the other hand, a firm, dense, unfluctuating mass, and a more or less central position, are well-known by those who have examined many of such cases, not to be incompatible with enlarged ovary.

After the true source of the swelling had become evident (a trocar having been thrust in by which the character of the tumor was ascertained) the question arose, whether, since a large part of the danger had been already incurred in the abdominal section, exposure, and manipulation of the bowels, &c., the greatest probability of ultimate good was not in favor of the extirpation of a growth which was rapidly sapping the constitutional powers by hæmorrhage. Instances were on record where such a step had been taken from intention; many cases had occurred of successful division of the uterus through the vagina, and, as far as the peritoneum and ligature of the pedicle were concerned, there appeared to be no great increase of risk in the excision of the uterus over that of the ovary.

The diseased growth was evidently a specimen of what has been called the fibrous, and by Dr. Ashwell the hard, tumor of the uterus, who has given a clear account of its structure in the 6th No. of Guy's Hospital Reports; and although not high in the scale of malignancy, it partook to some extent of the character of such transformations. The earlier bleedings in such cases ooze from the mucous membrane which invests the free portion of the tumor, whilst the subsequent hæmorrhage will flow in increased quantity from the softening and disintegration which never fail to attend the onward progress of such growths if life be sufficiently prolonged for their development.—*London Med. Gaz.*

#### PES EQUINUS VARUS.

TREATED AT THE BOSTON ORTHOPEDIC INSTITUTION.

[Communicated for the Boston Medical and Surg. Journal.]

THE following case is remarkable only on account of the age of the patient—being the oldest ever operated upon for the cure of club foot,

either in this country or in Europe. The case of a gentleman in Boston, æt. 55, which I reported in the Boston Medical and Surgical Journal about two years ago, was then, I believe, and still is, the oldest on record previous to the one I now shall concisely describe.

Mrs. Smith, of Boston, æt. 73, was attacked with hemiplegia, the left side being affected. She partially recovered the use of her arm and leg. Certain muscles, however, were permanently contracted, and remained so after a lapse of two years. These were the flexors of the fingers, the gastrocnemii, and the tibialis anticus. The fingers were so much contracted (and still remain so) as to keep the hand nearly closed; still she has the use of the arm. By the contraction of the gastrocnemii and the tibialis anticus, the heel was elevated and the foot turned in towards the other, forming that species of club-foot called *pes equinus varus*, of the second degree. When she attempted to walk, which she could only do by assistance, the weight of her body came upon the outer margin of the anterior portion of the metatarsal bone of the little toe. This became very sore. She had, besides, constant pain in the whole of the foot, which had existed for two years. She consulted Dr. Gay, her physician, Dr. Z. B. Adams who had attended her during Dr. Gay's absence in Europe, and Dr. Bigelow. They stated to her they thought favorably of an operation, and advised her to consult me, which she did. My only doubts were whether, at her advanced age, and in her feeble state of health, the tendons would unite, if divided. I, however, made up my mind that dividing the tendons would relieve the pain, from which she had been a constant sufferer two years; and again, that if the tendons never united, I would put on apparatus which would enable her to walk much better than she then did. Accordingly I divided the tendo-Achillis and the tibialis anticus, in presence of Dr. Gay and Buckminster Brown. I applied my usual apparatus. In a few days the pain in the foot was relieved, and in the course of a fortnight entirely left her. The tendons are united, and she walks with ease. Her health has improved, and she has gained flesh, as is remarked by all her acquaintance.

FIG. 1.

FIG. 2.



Fig. 2 represents the foot as it was eight weeks ago.

Fig. 1 represents it as it now is.



It will be perceived, in this drawing, that the leg makes an acute angle with the foot. This is done to show that the ankle-joint has its free and natural motion. It is a mistaken notion that a foot is cured, when brought in a parallel line with the leg, laterally, even if it can be flexed to a right angle with it. It may appear very well as the patient stands, but very awkward when he walks. We all make an acute angle between the foot and leg every step we take, and particularly in going up an ascent. A person would make awkward work in going up Mt. Washington with feet which could only be flexed to a right angle with the leg. The fact is, a person who can merely flex his feet, so as to bring them at a right angle with the leg, must turn them in, or out, every step he takes, in order to give the propelling power forward; and it is most natural to turn them in. Hence it is that feet which have been cured in this way (and many such have been reported) will, after being walked upon a short time, revert to their pristine obliquity, or nearly so. The importance of the free use of the ankle-joint, and the necessity that the foot should be capable of forming an acute angle with the leg, have not been noticed by writers on the cure of club-foot with sufficient emphasis; and, in fact, I do not recollect any author who has mentioned it at all.

January 12th, 1844.—Since the above (and I state the case in illustration of the position that no foot can be properly cured where there is not a free use of the ankle-joint, and also of the futility in most cases of attempting to cure club-foot by mechanical means alone), I have been called upon to operate on a lad 11 years old, who is said to have been cured about five years ago by mechanical means, and by one Valentine Brown, a mechanic in Woburn, Mass. He *supposed* the boy cured. He had him under his care over a year. The parents also *supposed* the boy cured, as the foot was in front of the leg, and straight. On questioning them, however, they said the heel was not brought down, and the foot could not be brought up to more than a right angle with the leg, if so much—consequently the lad could not walk naturally; for, as I have previously stated, an *acute* angle between the leg and foot is necessarily formed every step we take. As he walked and propelled himself forward, the foot turned in; and the more he walked, the more it turned in. In addition to this, the contracted tendons, which had been stretched, did not elongate in proportion as the leg grew, and the consequence was, the foot resumed its former mal-position—and so I found it.

I was told of a young lady, belonging to the same town where this lad resides, who had a club-foot, and who was factitiously cured in the same way, about the same time, and by the same individual. She is now, I understand, "*in statu quo ante bellum*."

J. B. BROWN, M.D.

## IPECAC. AND ASTHMA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent Dr. J. Reynolds, of Gloucester, after adding another case, to those lately reported in your Journal, of asthma repeatedly produced in healthy persons by unappreciable doses of ipecac. ; asks of his “homœopathic brethren, whether they use ipecac. in the treatment of asthma on the principle *similia similibus*.”

I have no desire to answer for our homœopathic brethren, but should feel sorry to have the question pass without a reply, and should any other reach you which may supersede the use of the following, you will oblige me by laying this aside.

But I am glad to see the question presented in this simple, and apparently serious and candid manner ; and I answer, yes, ipecac. is used by our homœopathic brethren in that disease ; and I believe that most if not all of them in our city and the vicinity, have witnessed the salutary effects of the medicine, either in pure asthma or in those cases of distressing dyspnœa which closely resemble it, and which are commonly called asthmatic. And with your indulgence of a small space in your next number, I will briefly note the authorities for using this medicine, and show some of the reasons for choosing it in the treatment of many asthmatic cases.

**Authorities.**—Samuel Hahnemann, in his *Materia Medica*.—G. H. G. Jahr, *Manual of Homœopathic Medicine*.—P. F. Curie, *Practice of Homœopathy*, London, 1838.—J. Jeanes, *Practice of Homœopathy*, Phil., 1838.—*Clinique Homœopathique*, published in Paris from 1836 to 1840—reports of cases by Drs. Hartman, Gross and others who were considered as the best authorities.

**Reasons**—for using ipecac. in asthma, in view of the principle which Hahnemann declared to be “*nature’s therapeutic law, similia similibus curantur*.”—In presenting these, I shall, for the convenience of comparison, place the pathognomonic and other symptoms of asthma, and the pathogenetic symptoms of ipecac., in the following order.

Symptoms of asthma which are familiar to your correspondent and most of your readers, and found in nearly all the practical works of the day.

“Tightness and stricture across the chest.—A sense of straitness in the lungs, impeding respiration.”

“Respiration slow, laborious and with a wheezing noise. Speaking difficult.—A desire to be in an erect

Pathogenetic symptoms of ipecac. from the *Materia Medica* of Hahnemann, as therein reported according to the results of his own experiments, and those of many of his cotemporaries ; and from the *Manual of Homœopathic Practice* by Jahr.

“Constriction of the throat and lungs.—Laborious respiration, with threatened suffocation and a desire to get to the open air.”

“Threatened suffocation for three or four hours (after taking ipecac.). The same from ten o’clock at night

position, and to get relief in the open air."

In the accession of the disease, and often attending it, are found—

"Depression of spirits—lassitude and heaviness—drowsiness—watchfulness."

"Pain in the head, with vertigo."

"Eyes prominent, as in strangulation."

"Face sometimes turgid, at others pale and shrunk."

"Hoarse dry cough, with expectoration of tough, viscid mucus, sometimes mixed with blood.—Cough violent and suffocating."

"Fulness about the stomach.—Sickness and faintness at the stomach."

"Bowels costive, or at other times loose when they had been costive before."

"Urine pale, increased in quantity and frequency—afterwards high colored and deposits a sediment."

"Heart palpitates.—Pulse somewhat quickened, but usually weak, irregular, and often intermittent."

"Coldness of the extremities."

till six in the morning, and returning for eight days."

"Slowness of conception.—Disturbed sleep.—Anxiety.—Fear of death."

"Vertigo.—Mild or severe headache.—Pain in different parts of the head, with great heaviness."

"Pain about the sockets of the eyes.—Congestion of blood to the eyes.—On stooping, a sensation as if the eyes were swelled."

"Countenance pale, bloated, with livid circles about the eyes.—Blueness of the face."

"Spasmodic cough, with fits of suffocation."

"Sensation of uneasiness in the stomach and epigastrium.—Swelling of the stomach.—Sense of emptiness, flaccidity and nausea."

"Loose evacuations of the bowels—serous, bilious, slimy or yellow."

"Urine high colored, with sediment like brick-dust."

Chills and fever.—(Pulse not mentioned.)

"Shuddering, with coldness of the limbs, especially of the hands and feet."

Now as the object of the homœopathist, in the treatment of a case, is to select a medicine the pathogenesis of which shall be in the nearest accordance with the symptoms of the disease, or, in other words, most homœopathic to his case, the reasons for choosing ipecac. for such a disease as asthma, will be readily seen by a glance at the above comparative statement. Other reasons for its adoption have grown out of the experimental proof of its power in cases of disordered respiration, even when administered in those small doses, the amount of which can only be shown by arithmetical signs, yet the efficacy of which is demonstrated by physical and mental changes in the phenomena of disease not *always* to be mistaken.

I would close my reply, by stating, that remarkable as the cases may appear, which have been reported in your Journal, of asthma produced by ipecac., they are not at all surprising to the homœopathist; and if your correspondent, Dr. R., will take the trouble to read in Hull's *Homœopathic Examiner* the several articles under the head of *Gleanings*, he will find even more remarkable cases of the pathogenetic effects of medicines illustrating the truth of homœopathic doctrines, and those gleanings all from allopathic reports and publications of unquestionable authority.

J. F. FLAGG.

*Boston, Jan. 17th, 1844.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 24, 1844.

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*Benefits of the Medical Profession.*—In the Medical College of Ohio, John P. Harrison, M.D., in the chair of Materia Medica, gave an introductory discourse a short time since, in which he has undertaken to show the benefits accruing to society from the medical profession. It is a successful effort—and the arguments are not hacknied, but ingenious and cogent.

What would have been the condition of society without the ministering hand of the physician? Who, like him, toils incessantly to smooth the rough places in the progress of humanity, to minister to the necessities of his fellow man, in his contest with disease and death? Who, like the medical practitioner, is unremittingly the humble servant of the entire community, in the prosperity or the adversity of those who avail themselves of his skill or attainments? "There is no end," says Pope, "of my kind treatment from the faculty. They are in general the most amiable companions, and the best friends as well as the most learned men I know." This is praise from a high source, of which Dr. Harrison has availed himself in support of his positions. But it is by no means necessary to resort to the direct testimony of individuals, as in a court of justice, to prove that physicians are useful members of society, since no person of intelligence would presume to call in question their claims or deny the value or extent of their labors. Dr. Harrison has done himself credit in sustaining the argument in the manner presented in this publication. The more it is read by the people, the better it will be for them, as well as for the profession, whose character and claims it advocates.—An extract from the discourse was given in this Journal a fortnight ago.

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*Progress of the Medical Press.*—Books multiply so rapidly that it is somewhat difficult to give that individual attention to each work, which may be expected by publishers, authors and readers. Several exceedingly valuable productions are at this moment before us, which can at present only be mentioned by name, in consequence of the accumulation of a variety of things that should have insertion.

Of the new works—Watson's *Practice of Physic*, from the Philadelphia press of Messrs. Lea & Blanchard, is decidedly one that has a very respectable appearance externally.—Harrison on the Nervous System, also from Messrs. Lea & Blanchard, which we suspect to be a production of high character and claims.—Oliver's *Physiology*, third edition, from Ticknor & Co.'s publishing house, Boston. Dr. Oliver's writings have had a good reputation; and since his death, his attainments in science are valued more highly, if possible, than before. For two dollars and fifty cents this admirable book can be purchased—well bound and lettered.—Next, Prout on Diseases of the Kidneys is another Philadelphia edition. Many rare and essentially important medical books have their first appearance on this Continent in that city.

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*Travelling Dentists.*—This thriving class of itinerant operators are beginning to be regarded as nuisances. It is a curious circumstance, that a particular order of adventurers have discovered that the great mass of the people freely encourage three kinds of business in a liberal manner, without troubling themselves about the characters or qualifications of those who introduce themselves to their notice. These lucky kinds of business are—*dentistry, animal magnetism, and taking Daguerreotype likenesses.* Every nook, corner and by-road is beset with these peripatetic adventurers, both in New England and through the regions of the far West. It matters not how ignorant they may be in all respects—the mere fact of announcing themselves in a mammoth handbill, as the celebrated So and So, from Boston or New York, is recommendation enough, and they are immediately taken into village favor, to rifle the pockets of their new-made friends. They are careful not to remain long enough to have their high pretensions weighed in the balance of sober judgment. In the course of two or three weeks the new teeth drop out; the boy Billy, who saw through a mill-stone with forty bandages over his eyes, exposes the whole trick, and declares that the marvellous exhibition was all deception; and everybody says the new kind of likenesses are shameful caricatures, no more resembling the persons who sat for them, than the grand Cham of Tartary. But these discoveries happen to be altogether too late for getting reparation or stopping the profitable progress of a knave, who is somewhere else reaping a harvest out of the credulity of those who are always disposed to patronize cheap strangers.

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*Statistics of Insanity.*—Mr. James M. Barnard, of Boston—a gentleman who has made himself extensively familiar with all the prominent asylums for insane at home and in Europe—has conceived the idea of having a free, reciprocal exchange of the reports of all these institutions. He believes, and not without reason, that this will have an excellent influence on the character and improvements of them all, by the information each will derive from a knowledge of each other's labors. Mr. Barnard's benevolence is equal to the accomplishment of this desirable undertaking.

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*Prevalence and Causes of Insanity.*—Some one announces that Dr. Pliny Earle, who was formerly the Medical Superintendent of the

Friend's Asylum, at Frankford, Penn., has an article upon this subject in the hands of the editor of the American Journal of the Medical Sciences. It will come with authority from him. There is also another subject, the "Pulse of the Insane," which needs investigation by the most careful examiners.

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*Method of writing Prescriptions.*—Much fault is sometimes found by patients, with the common method of writing prescriptions in our cities. They say, and not without reason, that they are too obscurely written—and they cannot see why they might not be expressed in good plain English, instead of abbreviated Latin. Mistakes, too, are not unfrequently made, sometimes of great magnitude, which are occasionally chargeable to this obscure system of prescription making.

In England, a better plan exists than among us in regard to one part of the prescription. It is that the physician writes out in full, at the bottom, precisely how the medicine is to be used. Lying before us is a prescription made within a few months, by Sir James Clarke, the Queen's physician, for a lady of Boston, which is constructed in this manner. The initials of the physician's name are likewise appended, which is also convenient for reference, both to the patient and the apothecary. In this country, prescriptions are often so drawn that the apothecary alone is made the wiser by them; and should the nurse or patient happen to forget the precise directions, vast concern, if not serious delay, might ensue before the affair could be set right. Under this view of the subject, it is quite certain that our prescriptions would be bettered, by copying the present London fashion, of expressing the directions, at least, in good substantial English; and whenever a thorough revolution is effected, so that practitioners dare write the whole, as far as practicable, in their mother tongue, it will be the triumph of common sense over ancient prejudice and error.

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*Diseases of the Lungs.*—In the flourishing manufacturing town of Manchester, N. H., the number of deaths in 1843, was ninety-six—out of which, *forty-nine* were occasioned by diseases of the lungs!

We forbear to comment, in extenso, on the causes which may have produced such an amount of mortality, lest it should be imputed to a wrong source. Many are disposed to cry out vehemently against the influences of the cotton factories on the health of the operatives, and impute the death of every female who has ever been employed in one of them, either to the inhalation of the floating fibres of cotton, or the temperature of the apartments in which they labor. We are far from supposing that diseases of the lungs are induced in this way, to any considerable degree; but rather impute the development of disease in these organs, in many instances at least, to the carelessness of the girls themselves—who neglect to guard against a sudden change of the temperature, by running to their meals without any special regard to extra outer garments. As a general rule, they are culpably negligent of their health in this respect, and the wonder is that, here at the north, they live as long as they do.

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*Teeth Almanac.*—This annual is one of those ingenious devices which redound to the author's benefit, while conveying useful information to the

public. The several prominent articles, as the anatomical structure of the teeth, tooth-ache, their growth, their extraction, &c., appear to be in accordance with the current physiology of the day, and no one could with propriety object to them.

A tooth almanac is no more of an anomaly than a phrenological or baker's almanac. It is a discovery of modern times, that private ends can be answered by diffusing knowledge. We must be thankful for all that is given us, if useful, from whatever sources.

*Medical Missionary Hospital in China.*—A very interesting report has been recently received from Macao, in China, detailing the proceedings of the Medical Missionary Society, whose object is the introduction of the medical science of Europe amongst the natives of China, who are deplorably ignorant of the most common operations of surgery. With the view of raising funds for this benevolent object, the Rev. P. Parker, M.D. visited England, the continent of Europe, and the United States of America, in the years 1841 and 1842. His report, detailing his success in the different places he visited, is somewhat curious.

From this report, it appears that the contribution in London amounted to \$225. In Liverpool, a respectable and influential committee was appointed, who "deemed it best to delay taking any steps till, at all events, *a partial opening of the China trade should be heard of.*" In Paris, the time was too short for pecuniary contribution. In Germany, the prayers of the benevolent were enlisted in behalf of the institution. In Philadelphia, the financial crisis reduced the subscriptions to a single one of \$50. In New York, after two public meetings, a society was organized, who "thought the most favorable moment of making its first application for funds had not arrived." In Boston, the subscriptions for a permanent fund amounted to *five thousand five hundred and fifty dollars!*

*The Vermont Medical Society.*—The Society held its annual session, agreeably to its by-laws, at Montpelier. The proceedings of the last meeting being read, Dr. Dana gave a very interesting account of the Vermont Medical Society from its origin, with its progress afterwards, which was continued by Dr. Spalding.

Drs. Deming, Cleveland, Corliss, Corey of Brigport, J. B. Smith of Brookfield, George Page of Pittsford, and Allen and Goodale, were received as members.

The following persons were elected to offices:—Anderson G. Dana, of Brandon, *President*; James Spalding, Montpelier, *Vice President*; Z. P. Burnham, Montpelier, *Recording Secretary*; Orren Smith, Berlin, *Corresponding Secretary*; Walter Burnham, Barre, *Treasurer*. Edward Lamb, H. H. Niles, Charles Hall, Eldad Alexander, Dr. Strong, W. R. Ranney, Noadiah Swift, John Fox, Seth Cole, Horace Eaton, J. A. Allen, Melvin Barnes, James Tinker, *Censors*.

Counsellors were chosen for the different counties.

*Voted,* To appoint two delegates to each of the two medical schools, at Woodstock and Castleton, to attend the examination of students. Drs. Allen and Dana appointed delegates to the Castleton Medical College. Drs. Spalding and Ranney chosen delegates to the Woodstock Medical Institution.

**Mortality in 1843.**—Number of deaths in Charlestown, Mass., 180. Under 10 years of age, 89; over 70 years, 12.

The number of deaths in the city and town of Hartford, exclusive of West Hartford and the Almshouse, was 186. The number in 1842 was 183.

The number of deaths in New Haven, during the year, was 279—of these, 136 were under 10 years of age. The number in 1842 was 247.

Number of deaths in Amherst, Ms., the last year, 65

Number in Northampton, 73.

Within the limits of the First Ecclesiastical Society, Stamford, Ct., during the past year, number of deaths, 47. Under 10 years of age, 19. Of consumption, 11.

**Medical Miscellany.**—Dr. Baxley performed a curious operation at Newark, N. J., on a lady, whose jaws could be separated but slightly, owing to an adhesive inflammation.—Dr. Wm. B. Stotler, in Belmont County, Ohio, has been mulcted in the sum of \$437.50, for maltreatment of an inflamed arm wounded by a knife. This seems to us to have been an unrighteous decision of the court, and the medical gentlemen who swore that his warm poultices were bad practice, would have found two thirds of the surgeons in New England, we apprehend, to swear they were good practice.—Dr. Bliss, a reputable practitioner of Harpswell, Me., has been arrested for the alleged poisoning of an illegitimate child.—Mrs. Barwell is the authoress of the first edition of *Infant Treatment*, said to meet the approval of Dr. Mott!—James Murdock, M.D., of Hartford, Conn., is the author of a work on Modern Philosophy, in its 2d edition.—Dr. Ellis, of De Soto Co., Miss., has been fighting a duel with Mr. Henry Banks.—Dr. Dryer, of Oberlin, O., was arrested recently on a charge of having procured an abortion.—A report has been submitted to the Common Council of Rochester, N. Y., in favor of an asylum for drunkards.—Consumptives are represented to be flocking to St. Augustine, Florida.—Dr. W. Taylor, of Frederick, had the Governor of Maryland arrested for threatening him with personal violence, and placed under bonds of \$1,500 to keep the peace.—According to the Newburyport Herald, there were but seven births in the city of Lowell, in 1843, reported to the Secretary of the Commonwealth.

**TO CORRESPONDENTS.**—Several Communications, omitted this week, will appear in next week's Journal.

**DIED.**—In Catskill, N. Y., Dr. Thomas Croswel. He was appointed Postmaster by Washington, and has held his commission under every administration since. Dr. Croswel was among the earliest subscribers to the Boston Medical Intelligencer, in 1822, and his name has been on the books at this office ever since. For the last ten years he has acted as agent for the Boston Medical and Surgical Journal, and in all his dealings with us has shown himself upright, prompt and friendly.—While sitting in a court-room, in Philadelphia, Dr. Joseph Clapp, a highly-respected physician.—At Danville, Vt., Dr. Uri Babbit, 84—a revolutionary pensioner.

Number of deaths in Boston, for the week ending Jan. 30, 37.—Males, 19—Females, 18.

Of consumption, 3—apoplexy, 2—inflammation of the lungs, 1—measles, 4—infantile, 2—delirium tremens, 1—hemorrhage, 1—convulsions, 1—lung fever, 7—marasmus, 2—abscess, 1—disease of the heart, 1—typhus fever, 1—scarlet fever, 1—croup, 2—dropsy, 2—erysipelas, 1—liver complaint, 1—dropsy on the brain, 1—dropsy in the heart, 1—old age 1.

Under 5 years, 19—between 5 and 20 years, 4—between 20 and 60 years, 11—over 60 years, 3.



*Ohio State Lunatic Asylum.*—The number admitted during the past year, was 65, and the number of inmates 207—the number discharged 69. During the five years existence of the Institution, 473 insane persons have been committed to its care, and 203 have been restored to their right reason and returned to their friends. Yet 315 persons in the State have been denied for want of room.

The liberal appropriation by the Legislature last year of \$45,000, will provide for more extended accommodations, and enough for many years to come. Additions to the building are erecting and will be finished during the ensuing year, and those additions will improve the general appearance of the Institution; there is to be supplied spacious Italian verandahs, constructed with square limestone piers, connected with ingeniously finished cast iron and moveable sashes. Each verandah will be 37 square feet in the clear, and thus contrived, will answer, summer and winter, as places of recreation.

The following shows the supposed causes of the diseases of the inmates: Intemperance, 35; ill health, 78; puerperal, 32; constitutional, 28; intense application, 5; injuries of the head, 6; excessive joy, 1; domestic troubles, 28; domestic affliction, 18; disappointed love, 16; jealousy, 6; hereditary, 93; periodical, 28; physical causes, 208; seduction, 1; fear of want, 4; loss of property, 12; religion of all kinds, 57; disappointment, &c., 14; masturbation, 25; epilepsy, 27; unknown, 63; fright, 6; indulgence of temper, 3; ill treatment, 7; suicidal, 22; homicidal, 5; moral causes, 193.

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*The Ohio Legislature.*—We are indebted to Dr. Bennett, of Portage Co., a member of the House of Representatives of Ohio, for a list of the members of the Senate and House, containing their ages, residence, places of nativity, occupation, whether married or single, politics, &c. It constitutes a complete and well-arranged document, and some interesting facts may be gleaned from it. Of the 38 Senators, it appears that all but two are native Americans, although only 8 are natives of the State of Ohio. Six were born in New England, and 10 in Pennsylvania. Two only are unmarried—one aged 63, and the other 28, which figures, singularly enough, happen to be the highest and lowest in the list of ages. The mean age of the whole 38, is 42.60. There is no physician in the Senate.—Of the 74 members of the House, 3 are foreigners, 12 were born in the State of Ohio, 14 in New England, and 19 in Pennsylvania. Ten are unmarried, their ages varying from 28 to 50. Six are physicians. The oldest on the list is 60, and the youngest 27—the mean age of the whole being just 41.

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*Epidemic of Gastro-Enteritis.*—M. Collineau read (before the Academy of Medicine) a report on an epidemic of gastro-enteritis, described by M. Gosselet in a memoir presented to the Academy, and which took place at Lille (Nord.) The epidemic was limited to a school composed of 348 persons, and affected 150 persons—12 deaths. The temperature for some time previous was cold and damp, and the scholars generally remained in the school-room situated on the ground floor. On the 3d of February, an entertainment took place in the school-room, which was excessively heated, and a day or two after the epidemic declared itself with such violence, that there were from 10 to 12 new sick persons daily.—*Med. Times.*

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VOL. XXIX.

WEDNESDAY, JANUARY 31, 1844.

No. 26.

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TREATMENT OF COMPOUND AND OBLIQUE FRACTURES.

[Communicated for the Boston Medical and Surgical Journal.]

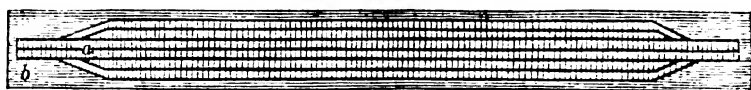
THE treatment of bad compound and oblique fractures has ever been very difficult and perplexing to the surgeon, and often unfortunate to the patient, who, finding himself lame or with a distorted limb, has sought redress by prosecuting the surgeon; hence, vexatious law suits, great loss of property, loss of reputation, &c., and that often very unjustly. May not some of the first characters in the profession, in their zeal to suppress quackery, have gone too far? The popular opinion in general is quite too strong in favor of the patient, while they show but little sympathy towards the surgeon, because they do not know the extreme difficulty or impossibility of making good limbs always in the very worst of cases, nor the difficulty of making everybody and everything do as they should. This is all out of sight when the patient appears in court and presents his naked limb to the jury. There is not a greater desideratum, says John Bell, in modern surgery, than the treatment of oblique fractures.

For many years I have experienced great difficulty in the treatment of bad oblique and compound fractures. I have used Gooch's apparatus, Bell's, Desault's, and several others; and notwithstanding all the care I could take, the patient's limbs have been galled. The patient, if hardy, may bear distension very well for two or three days, while twenty or even five days would be insupportable, even in machines in which we could regulate the distending force at pleasure, and at times altogether discontinue it; there was no difficulty in making distension, but the great trouble was to get the patient to bear it. Though I had leather belts, made of the softest and best of leather, and stuffed with wool, yet when sufficiently straight it obstructed the circulation, and ulceration, &c., was the consequence. In sound limbs, where the circulation is good, such distension might be borne with but little difficulty; but in limbs where the circulation is extremely languid, where mortification blisters have made their appearance, or even some parts of the limb, perhaps, have mortified, unequal pressure on any point or points would be extremely hazardous. The difficulty is, the pressure is too much in one point or in several points. I thought of the laced stocking, India rubber, &c., but this would amount

to about the same thing. One day, viewing Benjamin Bell's many-tailed bandage, as laid down in his book of plates, it occurred to me that if it could be made to adhere firmly to the skin, some application might be made to it so as to prevent contraction of the muscles, and consequent shortening of the limb. I thought of spreading the bandage with plaster, but doubted whether I could make it adhere sufficiently firm to make the distension; so I made use of a many-tailed bandage spread with the best and most adhesive plaster I could get, and found it to answer the purpose well; but I have since found that simple diachylon is sufficiently adhesive, and I use it in all cases, both in summer and winter, and it makes no difference, the temperature of the body being always about the same.

Fig. 1 represents a spring for oblique fracture of the thigh bone, or bones of the leg.

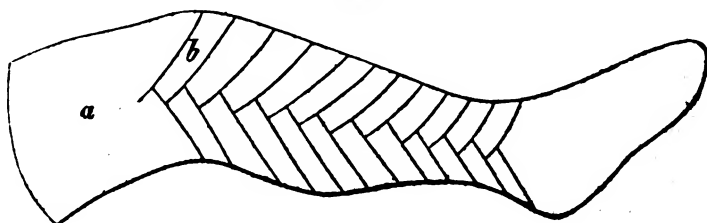
FIG. 1.



When used for the thigh, it should be about seventeen inches long, and for the leg it should be three or four inches shorter. *a*, represents seven spring steel wires, about the size of those used for knitting needles, and which by splicing might answer when other steel wire cannot readily be obtained. These wires are firmly wove together by strong linen thread. *b*, represents the steel wires firmly sewed on a strong silk ribbon, which should be about one inch wide. In fractures of the thigh the outer spring should be twisted towards the end where it lies above the trochanter major, and on the os ilium; the inner spring likewise should be twisted and turned up a little where it rests on the pubes.

Dr. Samuel Smith, of Bristol, N. H., made me a present of the following-described instrument, which I sometimes use in fractures, for the front spring. A spiral wire inclosed in a tin tube, about one third of an inch in diameter, which is soldered on to a tin plate one inch wide and two long; a cylinder is received in each end of the tube, on which the spiral wire acts, and is capable of distending them about one inch. To each of these cylinders a strap and buckle is attached, as also for the wire springs.

FIG. 2.



In fig. 2, *a* represents a fractured leg dressed with a plaster bandage;

*b*, the many-tailed plaster bandage. There should be three springs; one on each side, and one on the fore part of the limb; the springs may be fastened at each end, with stiff pins, to the plaster bandage, and a many-tailed bandage of flannel applied over the whole; or a small buckle may be fastened about three inches from the lower end of each spring, and a pliable leather strap sewed to the plaster bandage under the springs, which is to be doubled over their ends, and its end brought through the buckle on the spring, and buckled, which may be made straight or slack from time to time as occasion may require.

In regard to splints, some prefer pasteboard wet and moulded to the shape of the leg; others leather, others the wooden boot, others bundles of straw, and others no splints at all; they may all do in most cases. No doubt a limb may be so moulded in a firm hair matrass or bed, when the patient is constantly under the eye of the surgeon, as in most cases to do well; but to adopt such a method in country practice, would very certainly be attended with bad consequences.

In cases of simple transverse fracture, the wooden boot answers every purpose, if well made; and so may the leather boot, &c. We may get along with almost anything or almost any how, in favorable cases; that is, if we understand the nature of fractures, have good nurses, tractable patients, and mind what we are about. But in bad compound fractures, crushed by wheels or trees, or torn by machinery, &c., where the inflammation runs high, with twitching of the muscles, tendons, &c., everything should be put in the best possible condition. About forty years ago, the mode of dressing fractures was, for two stout men to raise the leg or thigh from the bed and distend it forcibly, while the surgeon applied his washes, ointments, &c., and finished by applying a roller over the limb, and over that from three to five stiff splints, wound with tow, which were secured by strong ligatures. The pressure was such that in bad cases I have seen the circulation obstructed, so that the flesh mortified and sloughed to the bone, where the splints bore the hardest (at the ends). When great violence has been done to a limb, it should not be lifted at all. The splints should be so constructed as to open like a book; and so should all the dressings, and that by gently rolling the limb we can come to any part of it, as occasion may require, for every part of the limb in bad cases may require some attention. When the circulation is languid, rubefacients, as rubbing with the hand or some liniment, is very useful, and may prevent mortification. Gentle pressure with a bandage helps the circulation, and allays the inflammation; wetting the bandage once or twice a day abates the heat. Judicious management in this manner almost always removes the inflammation; and although the violence may be such as to disorganize considerable portions of the limb and cause mortification, yet the limb often may be saved. There are cases, however, that may be considered as hopeless; viz., when the butt of a heavy tree (in falling trees) comes directly on the foot or leg, the injury to the soft parts is such that extensive gangrene almost always follows.

The splints which I have used in bad fractures of the leg are made of

pasteboard, lined with the softest of sheep skin, which is glued to the pasteboard.

FIG. 3.

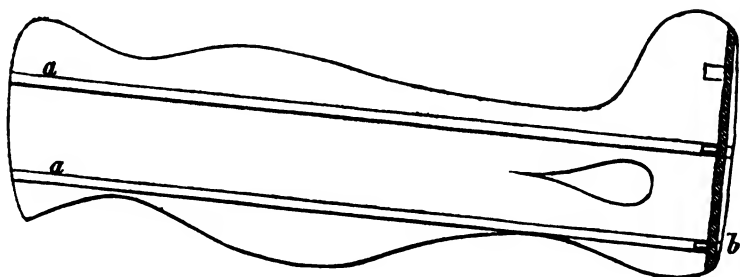


Fig. 3 represents a splint for the leg, which is composed of pasteboard lined with leather; it should be soft, and long enough to reach from the sole of the foot to four inches above the knee-joint; there should be two, one on each side of the leg, and should cover three fourths of the leg; but in this particular it may be varied as circumstances require. When we apply the springs, one before and one on each side of the leg, about one half or all the fore part of the leg should be uncovered, by the splints, which may be trimmed off, or sometimes turned back, as the case may require. There should be a sole to the boot considerably larger than the foot, to keep the boot from galling the foot and ankle. There should be three mortices in the lower part of the boot, through which three ligatures are passed to confine the sole of the boot to its place and support the foot. A place should be cut in the lower part of the splint for the ankle. A firm piece of sole leather, lined with pasteboard, should be fastened to the boot to support the foot. *a, a*, two very slender splints of wood, three fourths of an inch wide, and about one twelfth of an inch thick, sewed on the splints to make them more firm. *b*, a third splint, sewed on the foot part of the splints to make them more firm. The bed should be firm and unyielding; otherwise it will sag in the middle, and be liable to make the limb shorter and distorted; for which reason I usually put two boards under the under bed, reaching from head to foot, on which the patient lies. The foot is liable to fall from its proper position, and I therefore nail a board to the foot of the bed, reaching from post to post, to which should be nailed two upright pieces, which makes a box somewhat wider and higher than the foot, for it to rest in, and to prevent the bed-clothes from pressing on it. Particular attention should be paid to the heel, and see that there is not too great pressure on it, and the circulation thereby obstructed. Unless the foot and lower portion of the bones are properly supported, the lower portion is dragged from the upper by the weight of the foot, and settles lower, and consequently the shin bone becomes prominent and pointed, and the limb more or less crooked. Likewise the foot, unless properly supported, is liable to take a wrong position as respects the leg, and turn in or out more than it should.

The mode of dressing as above described may appear tedious and perplexing, but it is not so in fact. It requires about two hours to dress the leg and apply the plaster bandage, and about four hours to dress the limb from the points of the toes to the spine of the ilium.

But a flannel roller in fractures of the femur may be applied from the points of the toes to the knee, and a belt of soft leather stuffed with wool may be applied over the hips; although the mode of dressing with the plaster bandage is not much more tedious than any other method, and perhaps not so much so as some others. Yet it is not designed except in the worst of cases, when all other methods, as far as I have had knowledge, have failed. In dressing with the plaster bandage, the distending force acts equally, or very nearly so, on the whole surface of the limb. When pins are used, from two to three inches of each end of the springs are fastened to the plaster bandage; but when straps and buckles are attached to the springs, the straps are sewed to the plaster bandage the whole length of the limb, except about three inches immediately over the fracture. It may be objected that in compound fractures we cannot have access to the wound. This may be necessary, or it may not. In case it should be necessary, we can without much trouble turn up two or three straps of the many-tailed bandage. But I often do not move the bandage from ten to fourteen days. When there is reason to expect high inflammation, I put the limb in the best position I can, and apply the splints as before mentioned, and wet the inner bandage as often as the case may require, till the inflammation abates, and then apply the plaster bandage, the pressure of which, in passive inflammation, is about equal, or nearly so, to that of the skin; and, with gentle rubbing over the bandage with the hand, this is in some cases the best application; but should stimulating rubefacients be thought necessary, the plaster bandage may be opened and the applications used from time to time; or the plaster bandage may for a short time be removed, and a many-tailed bandage, without being spread with plaster, applied.

It has often been said, as I have witnessed, both by the patient and his friends, and even by the surgeon, that in such desperate cases, if the life of the patient could but be saved, it was all that we ought to expect; and of course the case is too often treated accordingly. But the patient, his friends, and the surgeon, generally feel very different when he begins to hobble about with a lame and distorted limb; and especially when other members of the profession tell the patient that his misfortune is altogether owing to neglect or want of skill in the treatment; and when others, who have had fractured limbs, which, as they will often say, were as bad or even worse than his, are now completely restored. What could be more wounding to the feelings of the surgeon, or better calculated to rouse the bitter reflections of the patient? However well we may have treated the case of our patient, our practice may be condemned by those who in justice and from duty are in honor bound to exculpate us. For this evil I know of but one remedy, and that is an approving conscience.

P. S.—Dear Sir,—In 1841 I forwarded to you my remarks on in-

fluenza and kindred diseases. It was then my intention before this time to have written to you further on that subject. But a severe fit of sickness, which afflicted me in June and July, 1842, prevented my writing about that time. And since then, having been considerably concerned in the treatment of fractures, some of which were of the very worst kind; and seeing much evil and misfortune arise from want of an efficient mode of treatment, I was induced to make you this communication respecting a method of managing such fractures, which I can recommend from an experience of more than thirty years. Circumstances permitting, I shall endeavor to write to you further on fever, &c. Yours, &c.

*Franklin, N. H., Dec. 28th, 1843.*

*JOB WILSON.*

#### CASE OF SCROFULOUS ULCERATION OF THE KIDNEYS.

[Communicated for the Boston Medical and Surgical Journal.]

EPHRAIM NORWOOD, carpenter, æt 41; of temperate and industrious habits; scrofulous constitution. During ten months previous to July, 1842, suffered occasionally from pain in the region of the kidney, with swelling and redness; dysuria; sediment of the urine the same as in inflammatory diseases generally. He was flattered and deceived by a number of the most notorious scoundrel quacks that infest the community, and took the nostrums which their fertile minds suggested, from cow's urine to tar pills and muriatic acid. The acid always created the most severe paroxysms, yet he was assured it was dissolving stones in the kidney.

Dr. Coffin was called in the summer of 1842. Paroxysms severe; redness and swelling over the kidneys; much strangury; mucus, and puriform and bloody matter with the urine. Diagnosis, disease of the kidneys; sediment is variable, and insufficient to indicate calculi with any certainty. Drs. Gould of Lynn, Peirson and Holyoke of Salem, coincided with Dr. C. Gave alkaline remedies; morphia to alleviate paroxysms. Regimen, antiphlogistic.

Dr. C. having been taken sick, I was called, February 3d, 1843. Paroxysms are excruciating, endurable only with morphia; continue from one quarter to three quarters of an hour; intervals from one to two or three days, during which, is quite comfortable. Bloody, purulent, and membranous matter in the urine. Dysuria and strangury. Sediment lateritious; urine high colored. Pulse in the interval, 85; in the paroxysm, 95 to 110. Appetite variable; bowels costive; countenance pale, haggard, indicative of great suffering. Unable to lie abed, body being constantly flexed. Prognosis unfavorable. Diagnosis, disease of the kidneys; nothing sabulous being in the sediment, was not confident of stone. Ordered alkaline medicines, with diuretics. Continue morphia; emplastrum and embrocations over the kidney.

*March.*—No better; constitution sympathizes. Continue same medicines, slightly varied. Food, unstimulating and nutritious. Is examined by a clairvoyant, who pretends to discover calculi in the kidneys, giving

their shape, color, size, consistence, &c. Says he will have one more paroxysm, and then recover.

*April.*—Is much the same ; disease is making inroads upon the constitution.

*May.*—Goes out little ; micturition almost constant ; urinary discharges the same. Another magnetized clairvoyant subject examines Mr. N. Discovers calculi, but differs in description from the preceding. Says he will recover. Recommends *bal. copaiba*, oyster shells, &c.

*June.*—Failing fast. Sediment the same in quantity and quality. Another disciple of Mesmer consents, in great kindness, to describe the progress of his disease. Discovers calculi in the kidneys, and also one in the ureter, giving it the appearance of a serpent after swallowing a toad. Ordered tonics ; continue diuretics.

*July.*—Is attacked with the influenza, which augments his sufferings and racks his constitution ; is sensible of his situation.

*August.*—Failing rapidly ; throat ulcerated ; mouth filled with sor-des ; swelling over the kidneys, the same tenderness and redness along the course of the ureters ; sediment and urine the same ; micturition constant ; much strangury ; delirious ; pulse 120 ; sinking ; dies Aug. 22d.

*Autopsy*, twenty hours after death, attended by Dr. Prescott, and other gentlemen. Much ecchymosis ; great emaciation and anemia ; abdominal muscles tense and collapsed ; liver slightly enlarged, color nearly normal ; stomach normal ; mesentery highly injected and dark ; small intestines dark, nearly gangrenous, and extremely foetid ; right kidney one third larger than natural, its medullary portion occupied by numerous cavities, from a pea to that of a walnut in size, completely filled with pus and crude, cheesy, tuberculous matter ; an ounce of urine in the pelvis. The left kidney enlarged ; ulcers less in number and size ; contents the same as the right ; portion of it not ulcerated thickly studded with small tubercles. Ureters slightly enlarged and highly inflamed, containing minute particles of purulent matter. Bladder contracted, adherent to the symphysis pubis ; containing six ounces purulent fluid ; mucous coat partially ulcerated, and covered with a layer of lymph nearly gangrenous. *Psoæ* and *quadratus lumborum* muscles, with the contiguous vessels, dark, approaching gangrene. No sand, gravel or calculi to be found ; and considering the nature and extent of the ulceration of the kidneys, with the almost entire want of sabulous sediment in the urine, the unavoidable conclusion is, that calculi never existed in the kidneys, notwithstanding they were distinctly seen thrice by clairvoyant subjects of superior power.

JAMES M. NYE, M.D.

*Lynn, Jan. 11, 1844.*

#### VISITS TO MEDICAL SCHOOLS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have just returned from a tour among some of the medical schools of our country. I spent several weeks in Philadelphia, in



attendance on the lectures at the Jefferson Medical College and the Pennsylvania University. I was well pleased with the systematic order in which everything is managed in those schools. The University has rather the largest class ; but the Jefferson bears a very honorable comparison with this ancient and deservedly popular institution. Their classes number over six hundred, of very fine-looking young men. Their Faculties are constituted of high-minded, intelligent gentlemen, possessing generally a happy aptness in communicating instruction. I was particularly struck with the inimitable powers of Prof. Dunglison, of the Jefferson School—not only with his manner of dissecting his subject (physiology) in detail, but with his singular tact in furnishing subject of thought—that is, making general principles clear, and leaving the student to trace out the effect from the cause.

The public charities of Philadelphia are worthy of her kind and benevolent community. The Pennsylvania Hospital, in the heart of the city, though not very extensive, is very well conducted, and dispenses a vast amount of good to mankind. The Philadelphia Hospital, Blockley, situated on the Schuylkill, a little out of the city, and in connection with the Almshouse, is a very extensive establishment and well managed ; besides its regular House Physicians, the Faculties of the University and Jefferson schools, each, every week, exercise a clinical supervision over one half the wards—thus extending to all its unfortunate inmates the benefit of the most skilful treatment.

Among the charities of Philadelphia I cannot avoid to make honorable mention of the Wills Hospital, an institution devoted entirely to the treatment of diseased eyes. It was built and is sustained by the munificence of the late Mr. Wills, of Philadelphia, who was of the class of Christians called “Friends.” Its managers are “Friends,” and it is in fact a most excellent institution—a “Friendly” affair indeed.

I spent several weeks in New York, among the medical schools and charities. About five hundred students are in attendance there this winter. The Faculties are constituted of gentlemen of a very high order of intelligence and learning ; and no pains is spared to make the lectures interesting and profitable to the student. The surgical clinics of both schools are rich in point of practical interest, and dispense great blessings to the poor, who resort to them for advice and operations. The hospital provisions of New York are upon an extensive scale, and admirably conducted.

The Albany Medical College is also justly counted among the distinguished medical schools of the land. Its Faculty evince a high order of talent and great industry. The surgical clinics are of great utility to the afflicted, and of singular practical value to the class.

The anatomical museums of these several Institutions are very extensive ; exhibiting a vast variety of preparations well adapted to facilitate the student in his scientific inquiries. The museum of the Pennsylvania University stands No. 1, and that of the Albany Medical College will bear comparison with any of the rest. It is not only extensive and rich in its variety, but is arranged in most beautiful order. The facilities for

studying practical anatomy are abundant in all these schools. Clubs of four or five usually study over one subject, and there is no lack of material. Indeed, sir, I am disposed to indulge a glow of national pride, as I contemplate the high and noble stand our medical schools have taken in the cultivation of medical science. I think the most ambitious student, instead of crossing the Atlantic to study medicine, has but to avail himself of all the privileges available in our own country, to become skilled in the highest of all callings—the healing art. With high consideration,  
*North White Creek, N. Y., Jan. 18, 1844.*

Yours, &c.  
 HENRY C. GRAY.

# THE LATE DR. EBENEZER HUNTINGTON, OF VERMONT.

[Communicated for the Boston Medical and Surg. Journal.]

[THE following biographical sketch of Dr. Ebenezer Huntington, late of Vergennes, Vt., was read at a recent meeting of the Addison County Medical Society, by Dr. Jonathan A. Allen, and was voted by said Society to be published in the Boston Medical and Surgical Journal.]

*Preliminary Remarks.*—The influence of example is extensive and commanding. This is strikingly true whether the example has a salutary or pernicious tendency. On account of the strong disposition to imitation, implanted, as it were, in human nature, the propriety of reading fictitious writings, in which the hero of the story, though vile, is often concealed under a tinselled attire, has with much propriety been questioned. The reading of the poetic effusions of Burns and Byron, and the like, certainly has more tendency to vitiate than to improve the moral sensibility. Sketches taken from valuable and commendable realities are appropriate and desirable on every occasion; more especially, to medical men, must the history of those members of the profession be interesting, who have by their amiableness of character or superior merit worked their way to honorable eminence. Volney has remarked that “Biography is the only kind of history that is proper for young persons.” If this be true, in any sense, it should obviously be confined to meritorious instances. Dr. Johnson has said, “No species of writing seems more worthy of cultivation than biography, since none can be more delightful or more useful: none can more certainly enchain the heart by irresistible interest, or more widely diffuse instruction to every diversity of condition.” Biography teaches by example, and that example becomes more impressive the nearer it approaches us, our friends, acquaintance or time. Hence, to the members of this Society and to many individuals in Vermont, it cannot fail to be a subject of interest to bring to their notice a brief sketch of the late Ebenezer Huntington, M.D.

*Sketch.*—Ebenezer Huntington, the subject of this memoir, was born in Windham, Conn., May 1st, 1763. His father was a practising physician in that place, but subsequently entered the ministry, and was afterwards settled in Worthington, Mass. Ebenezer, before he arrived at the age of 21, commenced the study of medicine with Dr. Bradish, of

Cummington, in his adopted State. Having completed his pupilage with his instructor, he commenced the practice of his profession in Chesterfield, Mass., at the early age of 22 years. After having remained in that place two years, he removed to Vergennes. To this place he came in January, 1789. At this time the place was new, and contained only one framed house. The inhabitants were sparsely scattered over the adjacent country. For some years, Dr. Huntington, as he once told the writer of this article, was one of the three physicians only, who then resided on the west side of the Green Mountains within the precincts of Vermont. Consequently his ride was very extensive; his labors and exposures as a practising physician were excessively trying and fatiguing. But he engaged in those labors, and encountered the severe trials incident to his profession at this early period, with a resolution seldom surpassed and truly commendable. He appeared to enjoy himself most when he could most relieve the sick. His constant desire to relieve the sick and suffering is well remembered by a large circle of surviving friends. His constant readiness to endure fatigue and privation, either by night or day, to relieve pain and disease, is a trait of character well deserving special commendation.

His professional opinions were always expressed with candor, frankness, and free from ostentation; and if, on any occasion, he committed a mistake, his ingenuous and honest avowal of it could not fail to excite in the breast of every one sentiments of admiration for his honesty of purpose. It is believed, however, that his mistakes were as rare and his imperfections as few as usually fall to the lot of man. In his family he was a sample of excellence. Few if any instances can be found in which all the endearments of domestic life appeared to be enjoyed with such perfection. In the social circle he was humorous, remarkably happy in the narration of anecdotes, and always avoiding, with the most scrupulous exactness, everything which bordered on vulgarity.

By his good judgment, kind feelings and courteous deportment, he acquired and retained, in an eminent degree, the confidence and good will of all who knew him. He was emphatically "*the poor man's friend*." He continued in the practice of medicine at Vergennes nearly forty-five years. He became extensively and favorably known, and was regarded as a safe and successful practitioner.

Few men have enjoyed such opportunities to amass an estate as he; and yet he was content with a handsome competency. In reply to the inquiry, why he did not collect his dues, he said, "*I never could find time*." His time was not his own. It was devoted to the glorious purpose of doing good to the afflicted. He was fully conscious that the more charity, compassion and condescension with which he treated the poor, the nearer he approached to the greatest and highest of glories—an imitation of his adorable Saviour.

For a considerable period he was President of the Vermont State Medical Society. And, subsequently, for a series of years he was President of the Addison County Medical Society. In 1826, being recommended by the Faculty of the Vermont Academy of Medicine, now the

Castleton Medical College, the honorary degree of Doctor in Medicine was conferred on him by the Corporation of Middlebury College.

For many years he was an active and efficient member of the Congregational Church at Vergennes. He died December 4th, 1834, aged 71 years. His last moments were moments of peace. He gave the most cheering evidence to all who witnessed his departure that the Divine Redeemer, the great Physician of souls, in whom he trusted in life and health, was his refuge and support in death.

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#### RECOVERY FROM INSANITY PRODUCED BY DIFFERENT CAUSES.

[DR. WM. M. AWL, Superintendent of the Ohio Lunatic Asylum, speaks as follows of the proportionate recoveries in that institution from insanity arising from various causes.]

First.—Of the intemperate class. Here the inequality in the different sexes is very striking, and it is pleasant to observe that there have been but two females insane from this deplorable cause in the whole thirty-five cases recorded since the opening of the institution. Cases of *delirium tremens* are never sent here, and we make no calculations in our tables in regard to them. In insanity from intemperance the recent cases generally recover, when age and other circumstances are not unfavorable. Those of a chronic character very seldom get well; there being too much waste of the constitution and impairment of the great powers of life. It will be gratifying to the friends of humanity to perceive that the number of admissions from this unhappy cause is clearly diminishing. Only four were received in the last year.

Second.—The disparity of cases in the different sexes, from domestic afflictions and troubles, is also worthy of remark. Of fifty-four cases admitted to our care, and suffering from mental diseases, from causes of this nature, forty-four were females, and but ten males.

Third.—Ill health. It is admitted by every one conversant with the subject that this greatly favors the predisposition to mental derangement, and all the causes which are known to excite the disease operate with more certainty when the health and strength are impaired. The proportion of recoveries in this class is nearly equal in the different sexes. A still larger number might properly be set down under this head, including a portion of those recorded in the next class.

Fourth.—Religious causes. The number of cases supposed to be owing to religious influence has been something less in the past year. In relation to this subject we think it proper to remark, that the cases reported under this head should be received with some allowance, for great care is necessary in order to distinguish between cause and effect in relation to the influence of religious feelings upon the development of mental disorders. In this respect our experience in this institution fully sustains the remark of Dr. Prichard:

“The circumstance that the mind of a lunatic is occupied during the period of his disease with ideas and feelings connected with an invisible

world, is no proof whatever that the derangement of his understanding was produced, in the first instance, by impressions related to the same subject. To a mind already prepared by disease to indulge fearful and gloomy forebodings, the unknown future opens a wide field which the imagination is likely to select, and it often dwells upon the evils which it anticipates in another stage of existence, when the original cause of derangement has been some misfortune (or vice) of the present life, or, perhaps, some merely physical influence."

There is no doubt, however, that incorrect views of the great interests of eternity may occasion such anxieties as to really give rise to disorders of the mind; as the greatest and best gifts in life may be perverted and abused by erring man.

Fifth.—From mental distress in consequence of disappointed ambition, disappointed affection, indulgence of temper, &c., 51 cases are reported; of these 21 have recovered, which is over 41 per cent.

Sixth.—Of all the forms of insanity the epileptic is certainly the most hopeless and severe. They are a highly excitable, troublesome and dangerous class of mad folks, and very few have been known to recover, either in this or any other institution within our knowledge. In some hospitals we believe they are excluded altogether, on account of their impulsive violence and the very unpleasant effects of their paroxysms upon other patients. We look upon the epileptic with great compassion. Many of them exhibit the best traits of human nature during their lucid intervals, but at other times they are perfectly uncontrollable, disregarding alike both friends and foes, and we know of no class more dangerous to go at large.

Seventh.—In regard to the "secret vice," the prospect is nearly as bad. This degrading practice is quite a frequent cause of mental imbecility and insanity, and very few recover either their bodily health or serenity of mind. Upon this subject we have reason to believe our annual reports have been serviceable to community, having been frequently consulted in the past three or four years by those who appeared to be entirely ignorant of the injurious effects of this habit, until their attention was arrested by reading our remarks. The interest of parents and the guardians of youth has also in some degree been awakened to the fearful influence of this secret indulgence, upon both physical and mental health.

Eighth.—Of those unknown, probably a large proportion have their origin in physical causes.

#### SPERMATORRHŒA.

[SOMETHING of a controversy has lately been carried on in the English medical journals, respecting the causes of involuntary discharges of semen, or, as it has been called by writers in this Journal, *gonorrhœa dormientium*. The principal question has been, whether prolonged continence is one of the causes of the disease, if it may be so called. One writer (Dr. Bull), in the London Lancet, has maintained that it is

not a cause, on the ground of morality and religion, as the laws of physiology are not, and cannot be, opposed to those of morality. No less than five answers to Dr. B., maintaining the other side of the question, have already appeared. Most of these writers take the same view of the subject that was taken by Dr. Knowlton, in the 27th volume of this Journal, though some of them go much farther than he did, needlessly and unwarrantably we think, and speak even of illicit sexual intercourse, in certain cases, where early marriage has not been contracted, as a suitable preservative of health, "a necessary evil," and preferable to masturbation, the only other alternative. We copy some of their remarks, omitting parts which are most objectionable. Mr. Chatto says—]

That the great Author of our being created man with a physical constitution in nowise militating against his moral nature, I, for one, cheerfully accord, and if it were not for man's interference, no appearance of discrepancy would ever exist. Physiology clearly indicates that the sexual organs should perform their proper functions, like any other organs, and all analogy teaches us that where this is not the case some evil must result. An organ unexercised remains insufficiently developed, or falls into more or less decay. This would be bad enough considered only in reference to the organ itself; but such atrophy necessarily re-acts on the system, and deprives it of a portion of its proper energy or character, as we see in the case of emasculated men and animals. But nature does not always so quietly submit to this transgression of her laws, and multitudes of instances prove to us that if the generative organs be not exercised in the natural manner, they will become so in a vitiated one; and I am quite convinced that onanism has arisen in numberless cases from either the circumstances, modesty, or moral feeling of its unhappy subjects, having prevented them, at the age of puberty, having resort to female intercourse. It is sheer nonsense, when by reason of the artificial state of society in which we live (which utterly prevents, in multitudes of cases, marriage at a marriageable age, as clearly indicated by nature), we violate one of the principal laws of physiology, to declare that it is impossible that evil could result from this, because such evil would lead to immorality. The laws of nature are universal and permanent, and will not bend and twist themselves according to our artificial and unnatural usages.

It is usually an injudicious course for a medical man to condemn any physiological tenet, merely because it appears, from the imperfect view taken of the consequences to which it may tend, that it may be immoral. Such deductions have ever arrested the path of science, from the time of Galileo to that of Gall. Let inquirers into medical science content themselves with establishing the truth as ascertained by inductive reasoning, founded on a sufficient number of facts. Let them leave to others the office of reconciling truths, so ascertained, with prevailing practices, adverse, perhaps, to morality, but flowing, not from the decrees of an all-wise Creator, but from the unnatural social arrangements of society.

[Mr. Lewis argues in a similar manner. We can find room but for one paragraph.]

Now, although I do not agree with Dr. Bull in believing that continence cannot ever give rise to the presence of inordinate seminal discharges, or be otherwise obnoxious to the general health, but, on the contrary, that moderate sexual congress is required to preserve the health, still I cannot either advocate the practice of onanism, or justify fornication. The latter tends greatly to the demoralization of the human species, and is frequently followed by the most wretched ailments. It aims a death blow to the two great pillars of human society—marriage and parental care. No man either, who endeavors to act up to the precepts inculcated in the New Testament, can consistently or quietly recommend it. Can any believer in Christianity advise his fellow man (more particularly when he is suffering from a most distressing malady) to spurn the dictates of his Maker to follow the courses of Mammon? But, say others, is he, then, miserably to pine away and perish? I answer, no; let him rather marry, and “eat the bread of carefulness.”

[Another writer, under the signature of “Amicus Veritatis,” has some judicious remarks on the subject of early marriages.]

There are those, Mr. Editor, who think, with Malthus and his followers, that population has a tendency to outrun the means of subsistence, and they therefore exert all the methods and arguments in their power to check marriage, particularly early marriage, and with it, as they suppose, increase of population. I confess that I am not one of these *progeno-phobists*. It may be true, indeed, that many districts in Great Britain are over-populated, and that there misery and destitution often prevail to a lamentable extent. But I apprehend that the primary cause of these evils is less to be sought for in early and (so considered) imprudent marriages, than in circumstances that have been anterior to these. But laws and excessive taxation have long weighed down the great mass of the people of this country, and have, doubtless, deteriorated the race, as the inferior development of much of the factory population too amply testifies. Give them cheap bread. Remove some of the burdens that press on them! Afford them a *chance* of doing something more than live from day to day—of acquiring a few worldly possessions—and the love of property will soon begin to exert itself so as to interpose the “moral check” that the Malthusians advocate, and to lead the artisan to substitute other aims for the sexual pleasure and other base indulgences which he now plunges into in sheer despair of ever being better off. But whether or not excess of sexual indulgence be a cause of increase of population, it is not proved—nay, I believe it may be positively denied that early marriages are, on an average, attended with a larger progeny than others. But supposing, for the sake of argument, that a larger progeny resulted from early unions than from those formed later in life, it must be obvious to the physiologist that the offspring of the former will be endued with the better organization. The true aim of the medical philosopher and the far-seeing politician is not to hinder marriage and increase, but, in their several ways, to *promote the formation of healthy organisms*. It is not the abundance of population, abstractedly considered, that is to be eschewed, but the superabundance of an unhealthy, mal-organized, half-fed, and emaciated off-

spring of impoverished factory-laborers—the perpetual sport of the fluctuations of trade. It is such a progeny as this, one of helpless beings, too feeble in body and mind to provide through life for their own wants—a progeny the result of laws that are made for the rich at the expense of the poor—it is such beings that make the weakness of a country, and puzzle its rulers to find a subsistence for them. Of a full-bodied, well-formed, healthy population—those endued with active vitality, a muscular frame, and a well-developed brain, and, consequently, well adapted under all circumstances to provide for their own wants and well being—of such, a country can never have too many.

It can scarcely need to be argued that such a population, a race freed from debility in any of the organs, is most likely to descend from parents in the bloom of life. A race procreated in the vigor of manhood, and not in the decline of life, or *premature senility*, might clearly be expected to possess sexual (as, indeed, all other) organs of a more healthy tone; and the tendency of early marriage to check or avert spermatorrhœa and such like evils would manifest itself alike on an individual and on his progeny. In another generation—one endued with a frame in which the organs of vitality (organic life) are subordinated to the government of a firm will and a well-developed brain—the malady of spermatorrhœa and the vice of onanism would scarcely have to be combated.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 31, 1844.

*Human Anatomy and Physiology for Schools.**—Dr. Lane, the translator of Edwards's *Outlines of Anatomy and Physiology*, has completed a neat, well-arranged duodecimo for the use of common schools, which will no doubt be appreciated by an intelligent community. He is a lucky man who finds anything new in either of these departments in this old age of the world, particularly as it regards demonstrative anatomy. In writing for young persons and children on these subjects, the merit consists principally in making one's self clearly understood. It strikes us that the author has certainly achieved a desideratum in this respect.

There are already several works on sale, avowedly written for the same good object—the instruction of those educated in common schools. Some of them are in favor, and some are not. They are pretty much like prominent politicians—sometimes popular, and sometimes not so; although all acknowledge they may have talents, but they are not always in marketable demand. Dr. Lane must take his chance in that respect. For ourselves, we wish large sales for the book, with a good per cent. to his credit on the ledger of the publishers.

* *Human Anatomy and Physiology, for the use of Common Schools.* By J. F. W. Lane, M.D., &c. Boston: Wm. B. Fowle & N. Capen. 1844. 12mo. pp. 231.

[Since writing the above observations, a literary and professional neighbor, for whose opinions, on all subjects, we entertain a high respect, has handed us the following paragraph, which is appended to our own with much pleasure.]

Although the author of this work very modestly disclaims all pretensions to originality, he certainly deserves high praise for the industry and judgment with which the compilation has been made. In preparing popular works on this subject, few scientific men are competent to omit every thing which to the interest and benefit of the general reader is not essential. It is easier to tell all that is known on a particular topic, than to select and condense the little which should be familiar to all. This task has been very happily accomplished by Dr. Lane, and we trust that on this account, and also from its neat typography, numerous engravings and low price, it will be universally adopted by our common schools, for which it is expressly designed.

Medical Examiner, Philadelphia.—Robert M. Huston, M.D., one of the Faculty of the Jefferson Medical College, has assumed the editorial control of the *Medical Examiner*, in the place of Dr. Clymer, who resigns the charge on account of professional engagements. Dr. Huston has a reputation that must have a beneficial influence on the interests of the *Examiner*. He remarks, in the first number issued under his supervision, that "the task has fallen upon him suddenly and unexpectedly." A man of his high attainments, however, can never be taken by surprise, and we shall look, with much pleasure, to his editorial progress.

Dental Intelligencer.—S. W. Stockton, of Philadelphia, is publishing, semi-monthly, a regular newspaper sheet, filled with literary and scientific articles. The editor's avowed object is to impart knowledge, through original essays and extracts from French, English and American authors, on dental surgery; also, to oppose quackery in every form and degree, so far as it regards surgical and mechanical dentistry. To accomplish this latter undertaking, Dr. Stockton will find he has a mountain to remove. People are so fond of employing cheap mechanics, cheap dentists and ignorant physicians, that no man can hope to change the current of vulgar sentiment, alone, in the nineteenth century. To the stationary dentist, this publication, which, after all, is a regularly-constructed newspaper, must be a gratifying messenger. Whatever important particular belongs to the art or the science of that profession, has place in its columns, and there is also an agreeable medley of matters and things in general.

Mortality of Boston in 1843.—An unusual degree of good health characterized our city the past year. No raging epidemic prevailed, either to alarm the people or sweep off the multitude to a premature grave. The whole number of deaths was 2197—which was by no means large, in proportion to the population, now believed to be considerably above one hundred thousand. Some of the prominent causes of mortality were as follows, viz.: consumption 249, diseases of the bowels 65, dropsy of the brain 85, typhus fever 72, scarlet fever 108, infantile diseases 142, stillborn

189, measles 43, inflammation of the lungs 59, diseases of the heart 34, convulsions 50, croup 52, and smallpox 53.

There is extreme care by the city authorities in maintaining an admirable system of street cleanliness; and so long as the same efforts are made to preserve the public health, Boston, we may hope, will continue to be distinguished for its freedom from those pestilential scourges, which occasionally sweep off multitudes in our southern cities.

Boston Catalogue of Medical Students.—The present year's catalogue is methodically arranged, and well printed. In no former season has the Boston school been so prosperous. There are one hundred and fifty-four names on this paper—an evidence of the growing influence of this old and well-established medical institution.

Tabular Report of the New York Gravel Infirmary.—They seem to classify human ills in New York more methodically than anywhere else. The idea of a *gravel institution* is a novelty, and, for aught we know to the contrary, may be an exceedingly useful appendage to civilization. The following statement was cut from a public paper. Whether it is distinctly a private enterprise, or a public charity, remains to be ascertained. —“Instituted for the *peculiar* treatment of urinary diseases, arising from disorganization of the kidneys, and functional derangement of the secretory system, producing stone in the bladder, gravel, and phosphatic eliminations, &c. From January 1, 1841, to January 1, 1844, number of patients registered, 526. Cured, 360; convalescing, 110; relieved, 35; died, 21. Total, 526.”

Anatomical Mistake.—MR. EDITOR,—In Dr. Atkinson's case of “Inguinal Hernia (reported in the Journal of Jan. 17) in a widow lady 69 years of age,” I met with two items of great importance. 1st, That Mrs. W. had a *cremaster muscle*, which the Dr. brought *fully into view*, the fibres of which were carefully raised and separated sufficiently to admit a grooved director, &c. 2d, That the Dr. “resolved” and did “remove the *mesentery* with the scissors on several successive mornings, until the whole was removed, together with the sac.” I would ask Dr. Atkinson if he will account for the existence of the *cremaster muscle* in the case of Mrs. W., and what is the probable condition of the *intestines* since he removed the *whole of the mesentery*.—I would advise the Dr. in future to report what he *sees*, and not what he *reads*. A. GIBSON.

Jan. 23, 1844.

We noticed the anatomical error ourselves, but not till the Journal had been struck off. Presuming that the author of the communication would correct it himself at a convenient time, no further notice was taken of it. It is still our belief that it was nothing more than a simple mistake, committed in the hurry of writing the paper, and that it is by no means to be imputed to a want of an exact anatomical knowledge of the region he was describing.

Alleged Case of Poisoning.—Mention was made in last week's Journal, of an accusation brought against Dr. Bliss, of Maine. We notice in

a newspaper that the charge was not substantiated, and that he is entirely innocent. It gives us much pleasure to be able to state this agreeable intelligence.

Medical Institution of Yale College.—The annual examination of candidates for medical degrees and licenses, commenced in the Medical Institution of Yale College on the 17th inst. and continued three days. Present, the full Board of Examiners; and on the part of Yale College, Professors Ives, Silliman, Knight, Beers, Hooker and Bronson.

The annual address to the candidates was delivered by Archibald Welch, M.D., of the Board of Examiners, and the valedictory address by Abner H. Brown, A.M., one of the candidates.

Eighteen candidates, who had attended two full courses of lectures, and complied with the other legal requirements, were admitted to the degree of Doctor in Medicine; and five, who had attended one course of lectures, received licenses to practise Physic and Surgery.

Graduates.—Garwood Hervey Atwood, B.A., Woodbury, on the "Advantages of general science to the physician." Nehemiah Banks, Hartford, on "Rubeola." Edwin Curtiss Bidwell, B.A., Will. Coll., Tyringham, Mass., on "the Pathology of Drunkenness." Nathan Taylor Bliven, of Exeter, R. I., on the "Importance of Correct Diagnosis." Abner Hartwell Brown, M.A., Dart. Coll., Lowell, Mass., "The Valedictory Address." Henry Lewellen Wakeman Burritt, New Haven, on "Animal heat, digestion and motion, not chemical action." Christopher Smith Fennner, Scituate, R. I., on "Lithotritry." Gershom Clark Hyde Gilbert, B.A., Wethersfield, on "Chorea." Norman Knox Johnson, Plainfield, on "Scarlatina." Austin Lord, South Coventry, on "The true Philosophy of Medicine." Wm. Strickler McCorkle, Columbia, Penn., on "Variola." George Anson Moody, North Haven, on "Iodine." Francis Allyn Olmsted, B.A., New Haven, on "the Use of Narcotics in the Treatment of Insanity." David Atwater Tyler, New Haven, on "Helianthemum Corymbosum et Canadense." Charles Lewis Uhlhorn, New Haven, on "Hydrocele." John Freme Wells, Hartford, on "Typhous Fever." Wm. Joseph Whiting, New Haven, on "Phymosis." Wm. Woodbridge, B.A., Hartford, on "Moral Influence in the Treatment of Disease."

Licentiates.—Henry Eugene Dibble, Sandy Hill, N. Y., on "General Diagnosis." Wm. Frederick Lacey, Brookfield, on "Cynanche Trachealis." Sidney Williams Rockwell, East Windsor, on "the Present Phases of Empiricism." Lucius Clark Walton, Lyon, Michigan, on "Congestive Biliary Fever." Asa Curtis Woodward, Northfield, on "Scarlatina."

Charles Woodward, M.D., of Middletown, is appointed to deliver the annual address in 1845, and Wm. H. Cogswell, M.D., of Plainfield, his substitute.

Death from Swallowing Lucifer Matches.—Dr. Shephard, of England, relates the following *post-mortem* appearances in a child, 2½ years old, who died in convulsions four days after swallowing the tips of eight lucifer matches.

"On opening the stomach, about half a wineglassful of mucus, intermixed with blood, resembling coffee-grounds, escaped. The mucous membrane of the stomach was, generally, highly vascular, and there was an abnormal quantity of mucus secreted and attached to the mucous membrane. There was an irregularly-defined space, covering about two inches in extent, of a florid red color, on the surface of which was a thick collection of mucus, intermixed with which was "coffee-ground" blood, presenting the appearance of having been simultaneously secreted. On holding the stomach to the light its vessels were seen to be generally much dilated. The most singular appearances were in the intestines. They were such as I can account for only on the supposition of powerful reverse action, but where were the symptoms during life? Throughout the small intestines I found ten invaginations, many of which included from two to three inches of intestine, which was inflamed at the invaginated parts. None of these appeared to be strangulated. The bowels were, generally, empty. Two of these invaginations were found in the duodenum, the remaining number in the rest of the small intestines. The verdict, which was arrived at, and in which I fully agreed, was, that the deceased died from the effects of lucifer matches. I consider that the phosphorus, which exists in them in a minutely-divided state, had attached itself to the mucous membrane of the stomach, and excited inflammation of that organ by virtue of its chemical action."

Cleveland (Ohio) Medical College.—We learn by the Herald that this institution is progressing in the most quiet, successful and satisfactory manner. The class numbers sixty-five students. N. Worcester, M.D., has commenced there as Professor of Pathology and Physical Diagnosis.

TO CORRESPONDENTS.—Dr. Dixon's account of a new Speculum, with wood-cut illustrations, Dr. Slack on Phrenology, Dr. Jackson's case of Poisoning by oxalic acid, and Dr. Brown's Case of Ulceration of the Sub-maxillary Gland, are on file for publication.

MARRIED,—Sewall G. Burnap, M.D., of Holliston, Mass., to Miss E. S. Blanchard.—In Town Parish, Gloucester, Dr. Joseph S. Barber to Miss Betsy Tucker.—At Montreal, Wm. Southerland, M.D., to Miss C. S. Farquar.—Dr. Edward Loomis, of Westmoreland, N. Y., to Miss E. M. Jennings.—At Worcester, Mass., Dr. Aaron P. Richardson, of Boston, to Miss Harriet M. Jones.—At New Hartford, John Yale, M.D., to Miss Mary A. Cummings.—Charles Robinson, M.D., of Belchertown, Mass., to Miss Sarah Adams.

DIED,—At Cincinnati, Dr. Vincent C. Marshall, 50.—At Columbus, Ohio, Dr. Samuel Curtis, formerly of Vermont, 50.—At Rindge, N. H., A. D. Shurtleff, M.D., 54.

Number of deaths in Boston for the week ending Jan. 27, 51.—Males, 28—Females, 23. Stillborn, 6. Of consumption, 11—measles, 4—lung fever, 4—infantile, 4—scarlet fever, 1—complication of diseases, 1—influenza, 1—croup, 2—liver complaint, 1—scrofula, 4—spine complaint, 1—inflammation of the bowels, 2—inflammation of the lungs, 1—suicide, 1—dropsy on the brain, 2—abscess, 1—jaundice, 1—old age, 3—accidental, 1—tumor, 1—pleurisy fever, 1—disease of the heart, 1—cancer in the breast, 1—apoplexy, 1—fits, 1—unknown, 1.

Under 5 years, 21—between 5 and 20 years, 5—between 20 and 60 years, 18—over 60 years, 7.

Fair at the New York State Lunatic Asylum.—A Fair, as we learn by the Utica papers, was held at the Lunatic Asylum in that city on the 18th.

"The table was spread in the lower hall of the eastern wing, and extended about two thirds of its entire length, which is some 250 feet. Most of the patients' rooms on that floor were thrown open, and all the inmates of the Asylum who were in sufficient health, were permitted to mingle with the gay and busy throng from the outer world, which crowded the hall. Among those actively engaged in the management of the Fair, the distinguished female philanthropist, Miss Dix, who, in the prosecution of her benevolent labors, has been for some weeks a visiter at the Asylum, attracted much attention.

"This is the first thing of the sort, we presume, ever attempted within the walls of a Lunatic Asylum. We trust it may prove the source of as much benefit to the inmates as it was of pleasure to the visitors. The public are much indebted to the able Superintendent, Dr. Brigham, and the other officers of the institution, for arrangements and attentions which made the whole affair pass off in the most agreeable manner.

"We learn that a fund of about \$200 has been realized from the Fair, which will be expended for books, musical instruments, &c. It was a source of much amusement to the patients, and its beneficial effects are strikingly apparent with some of them. We are further informed that some dozen of the patients are writing accounts of the Fair, but it is not known whether their productions are intended for 'the public eye.'"

Philadelphia Medical Society.—At the annual election of the Philadelphia Medical Society, held at their Hall, on Saturday the 6th instant, the following members were chosen officers for the ensuing year, viz. :

Prof. R. M. Huston, M.D., *President*. Benjamin H. Coates, M.D., and Prof. Samuel Jackson, M.D., *Vice Presidents*. John Wiltbank, M.D., *Treasurer*. Joseph Warrington, M.D., and Isaac Parrish, M.D., *Corresponding Secretaries*. John J. Reese, M.D., *Senior Recording Secretary*. D. Francis Condie, M.D., *Orator*. Nathan D. Benedict, M.D., *Librarian*. Aaron D. Chaloner, M.D., and Edward Lang, M.D., *Curators*.
—*Med. Examiner.*

Removal of a large Ovarian Tumor.—Dr. Frederic Bird introduced, for the inspection of the London Medical Society, a large ovarian tumor, which he had recently removed with success from a young lady, aged 21. The tumor was of an ovoid shape, somewhat irregular at its inferior portion, covered by numerous minute arterial ramifications having their origin in two large trunks. The total weight of the tumor was 27 pounds. Not an untoward symptom occurred to retard the rapid convalescence of the patient; the ligatures have all come away, the wound has healed, and the recovery is complete.

In the discussion which ensued, the chief points dwelt upon were the difficulties of diagnosis in cases of abdominal tumors, and the relative advantages of the large and of the moderate sections in removing diseased ovaria. Cases were related to show that ovarian tumors might be mistaken for other abdominal swellings, and *vice versa*. It was generally considered that the large section was the easiest for the surgeon, but not the safest for the patient.—*London Lancet.*

TWENTY-SIX WEEKLY NUMBERS.—FEBRUARY TO AUGUST, 1844.

THE

BOSTON

MEDICAL AND SURGICAL
JOURNAL.

EDITED BY J. V. C. SMITH, M.D.

VOLUME XXX.

Boston:

D. CLAPP, JR. PROPRIETOR AND PUBLISHER.

CORNER OF WASHINGTON AND FRANKLIN STREETS.

1844.

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THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, FEBRUARY 7, 1844.

No. 1.

THEORY OF GALL AND SPURZHEIM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am not alone in my disbelief of the doctrines of phrenology. John Mason Good, the most learned and ablest medical writer of the present century, in his *Book of Nature*, has preceded me in denying the truth of this system, otherwise I should not have ventured publicly to differ from you in regard to a theory which you appear to espouse. If I advance anything inconsistent with truth and reason, I hold myself subject to your correction.

Tycho Brahe was persuaded that he had not only demonstrated the absurdity of the Copernican theory of the planetary motions, but that he had settled the laws of the planets upon an immoveable basis. This nobleman mistook the earth for the largest planet in the system, and made it the immoveable centre about which all the others, and the sun among the rest, revolved. It appears to me that Gall and Spurzheim have committed a similar mistake. The Danish astronomer was probably as learned a man, as well acquainted with astronomical facts, and as earnest in the pursuit of truth, as Copernicus, but he was not so happy in the arrangement and classification of his ideas, and, therefore, instead of being conducted to the true solution of the motions and positions of the planets, fell into one of the most egregious errors. So it may be with Gall and Spurzheim. The credit of giving to the world a true solution of the motions and phenomena of mind, I cannot accord to them. Gall and Spurzheim appear to me to stand in the same relation to the metaphysical system of Locke and his disciples, as Tycho Brahe stood to the system of Copernicus; they have invented an ingenious and plausible theory to explain mental exercises and phenomena, the true solution of which had already been given. They do not appear to me to have been acquainted with the extent of the physical and mental history of man as it is known at the present day in Great Britain and America. They certainly betray very different ideas of demonstrative and scientific evidence from Newton, Locke, Harvey, Hunter and Jenner, or they never would have allowed themselves to call an aggregation of problematical positions, scientific principles. Hunter demonstrated the stomach to be the central governing organ of the animal system, a discovery which will doubtless stand the test of ages.

To show how slight a claim Dr. Spurzheim has to the title of a philosopher, I will quote a scientific definition from a manual published by him in Boston in 1834, entitled "Outlines of Phrenology." After saying that he admits four different temperaments as four degrees of activity in the mental powers, he thus defines the sanguine temperament. "The second, or sanguine temperament, is distinguishable by moderate plumpness of person and a tolerable firmness of flesh, light hair inclining to chesnut, blue eyes, fair complexion, great activity of the bloodvessels, easy perspiration and an animated countenance." It will be perceived, on the slightest reflection, that this definition does not indicate in the least, the temperament of an African, Asiatic, or an American Indian, although it is given as a scientific definition of the sanguine temperament of man in general. It indicates only the sanguine temperament of the white race; and it is evident from the three other definitions of the remaining temperaments, that the characteristics of the temperaments of the colored races of men never occurred to him. In a new system professing to be founded upon demonstrative evidence and the most extensive induction, and to supersede all other systems of mental philosophy, such an omission is rather ominous of other short-comings. Are the Africans, Asiatics and Indians all of one temperament? or are their different temperaments incapable of definition?

The fundamental principle of phrenology, is, that Size, all other conditions being equal, gives "energy of action" to the cerebral mass. Energy of action, as applied to mental exercises, is rather a vague and equivocal expression; it may very well denote the exertions of physical strength, but as the human brain may be full of energy, or the feeling of strength, and yet have no real capacity either for thinking or observing, the expression does not appear to me at all happy or appropriate. The train of ideas and feelings is the most active or energetic under the influence of passion, but passion is the bane to all useful exercises of the mind or cerebral mass. I shall employ the expression, however, as nearly as I can understand it in the sense of the author.

Does the condition of Size, *ceteris paribus*, give energy of action to the brain? The pulse of a child at birth is twice as quick as the pulse of a man at 35 years of age. The digestive function manifests the same energy; the muscular motions and the sensations betray the same rapidity; the lungs are no less active; all the phenomena of mind and body discover the same remarkable acceleration compared with the vital motions in after life, when the whole body, and each organ in particular, has acquired eight times the size of the same being at birth. The motions of the child which weighs eight pounds only, discovers just double the activity (the pulse being the true measure of the mental as well as the bodily motion) which is manifested when it is grown to the weight of a hundred and sixty-four pounds. Dr. Spurzheim would reply, that if the organs of the infant were still larger at birth, the activity of the mind and body would be still greater. But this would be begging the identical question at issue. It may appear very plain and reasonable that Size should give energy of function, just as it appeared

plain and reasonable to Tycho Brahe that the earth stood still or only moved on its axis ; but there is a wide difference between reasonable appearances and demonstrated truths. At the age of 21 all the vital motions, the train of ideas and sensations, the passions and emotions, love, joy, hope, fear, anger, sorrow, grief and disappointment, are all vastly more active and vivid than in after life, at the period of mature manhood, although the brain and the organs in general have not acquired near their full size. Love, especially, at the age of 35, when the brain is full grown, bears no proportion, in strength, to the same passion at 21 ; its activity has dissipated and its pleasures comparatively are weak and stale. Friendship, benevolence, reverence, the love of music and poetry ; the fondness for colors, paintings and language ; the pleasures of taste, smelling and feeling, are all proverbially less active and ardent at the age of 35 than at 21. At a little past mature manhood, while the size of all the organs is in its zenith, the keenness of sight begins to fail, the hearing grows dull, the feeling becomes more obtuse, the train of ideas less rapid, and all the vital motions sensibly slower. Whence this sudden decrease of energy of action in all the organs, while they yet remain unchanged in Size ? Again, at the age of 85, for instance, the mental faculties, as well in large brains as in small ones, have all departed. The cerebral mass and all its structure are as entire as at the age of 35. The health is sound. The activity of the other organs, the digestive function, the lungs, the liver, the heart, the locomotive powers, is quite unimpaired. The temperament is unchanged. Age is the cause of nothing, it only indicates a series of vital or chemical changes in the system. Where, then, is the energy of action which characterized the cerebral mass at an earlier period of life ? The brain is not dead, it is only changed in its constitution. A chemical change in the constituent particles of the optic nerve, called *amaurosis*, without the slightest alteration of Size, renders it insensible to the stimulus of light, and the power of vision is lost. A change in the arrangement of the constituent particles of the cornea, from being transparent, renders it opaque. We are told it is produced by disease, but disease only signifies chemical changes in the function or structure of the animal organs. But what becomes of the thirty-five primitive metaphysical faculties of Dr. Spurzheim in nearly all men who die of old age ? In them the temperament and the size of the cerebral mass, the fundamental principle of energy of action according to Dr. Spurzheim, remains the same, while the mental faculties are nearly extinct. The changes which the cerebral mass has undergone are not discoverable by our senses, nor by any tests which we are at present able to apply. The mental faculties and exercises, then, depend upon certain qualities or conditions of the brain, independent of its size and temperament. This property or condition of the cerebral mass, probably, consists in the peculiar arrangement or combination of the material particles of which it is, for the time being, composed, like the transparency of the cornea or the sensibility of the optic nerve before the chemical changes take place which render the one opaque and the other insensible to the influence of light. Innumerable instances of

such combinations may be noticed in the various departments of the material world. Iron loses its magnetic power without the slightest change in any of its known properties, whether of size or temper. Some bodies lose their electric power without any perceptible change in size, density or cohesiveness. Water, congealed into snow, becomes opaque; into ice, it is transparent.

The property of transparency in bodies is the reverse of the principle assumed by Dr. Spurzheim. The less the size or quantity of matter in a given surface, the greater the degree of transparency; the thinner a piece of glass or ice, is, the more light there is transmitted through it. The activity between light and transparent bodies, is increased in an inverse ratio of size. Previous to the knowledge of the evidence derived from observation and experiment, energy of action has no more connection with largeness than with smallness of size. The mental faculties may and probably do depend upon a property of the cerebral mass resembling that of transparency in bodies. It is evidently not the same property, but a property analogous to it. The mental faculties are produced and destroyed by chemical changes in the organ of the brain, without the remotest reference to its size or any other known property. In every period of life, infancy, manhood and old age, the cerebral mass undergoes changes, like the changes from transparency to opacity in the same mass of other matter, which destroy, increase or diminish the mental faculties. Neither size, therefore, nor temperament, can be admitted as fundamental conditions of the mental faculties, or of their energy of action.

Mr. Combe contends that the strength of the bones and muscles depends, *ceteris paribus*, on their size, and infers the greater strength of the cerebral mass from its analogy to these parts. There may be a certain degree of truth in this position, including the *et ceteras*, but when the *et ceteras* make the chief bulk of the account, they lessen materially the importance of the first item. I will not charge that gentleman and Dr. Spurzheim with a want of familiarity with the first principles of physical science, but they obviously avoid a special reference to all of them except the principle of size. In estimating the force of matter, density is a property or condition of matter equally as essential as size. The principles which constitute the force of bodies, are velocity, density and size, multiplied into each other. But these conditions do not constitute the strength of masses of matter. The fundamental principle of the strength of masses of matter, is a peculiar species of attraction, denominated, in physical science, the Attraction of Cohesion. Although the application of this principle to account for the strength of masses of animal matter in general, and of the animal organs in particular, may be new and peculiar to the writer of this paper, I trust that the intuitive evidence in favor of the proposition will insure it a ready approval. The principle of cohesive attraction has no necessary connection with quantity or size. In the same species of matter of the same weight, as in water congealed into ice, the power of cohesion varies immensely. A bone or a muscle of one inch in diameter, highly endowed with this principle of attraction,

will manifest more strength than a bone or muscle of twice or three times this size, which is but slightly endowed with this property. A rod of iron of an inch in diameter, is a hundred times stronger than a hempen rope of the same size. The attraction between glue and wood is truly wonderful, and exhibits the force of this power in a palpable light; it furnishes, also, a specimen of cohesive attraction, as being the fundamental condition of the strength of animal matter. The strength of a bone or muscle, then, is compounded of three conditions—cohesive attraction, density, and size; but all these principles do not constitute force or energy, in the sense in which Dr. Spurzheim uses the term. Motion or impulse must still be added. The force or energy with which the heart beats or propels the blood, for instance, consists of the velocity of its motion, the density and size of its walls, and its degree of cohesiveness. In estimating the force of action of the muscles even, this definition of the energy of action of an organ, reduces the relative importance of the single condition of size to quite a secondary consideration. In determining the energy of the cerebral mass, the properties of cohesiveness and density must be considered of at least equal importance with size, although phrenologists furnish us with no means of ascertaining the degree of either. A great degree of cohesiveness and density added to a small brain, may give it a much greater degree of energy than a large brain possesses, which is comparatively unendowed with the other principles. I do not even profess to know that cohesiveness and density are cardinal conditions of the brain; I only reason upon the principles of phrenologists, which are borrowed from the analogy which the other parts of the system bear to the cerebral mass.

With your permission, I will finish the discussion of this subject in another paper.

D. B. SLACK.

Providence, R. I., Jan. 23d, 1844.

ULCERATION OF THE SUBMAXILLARY GLAND—GANGRENE—DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

MR. C. C., aged about 25 years, of sanguine temperament, muscular and plethoric, of intemperate habits, called on the writer July 19th, with a swelling of the left side of the face, particularly about the angle of the lower jaw. It presented a smooth, shining surface, with hardness, though no tenderness on pressure—no pain or discoloration. He complained that a tooth had troubled him, and on examination the dens sapientiæ of that side was found to be carious, and was extracted with some difficulty. Noticed that his breath had the mercurial fetor.

20th.—Was called to visit him. Found the swelling increased. It had extended to, and nearly closed the eye on the affected side; pulse small, feeble, compressible, and 120, though no pain or tenderness on pressure; no inordinate heat in the part; mercurial odor increased.

21st.—Tumor more tense; constitutional irritation greater; pulse 125;

symptoms of delirium tremens. Had commenced discharging purulent matter, in great quantities, from the mouth.

22d.—Had slept some; tendency to delirium tremens abated. On examination, found that a softening and fluctuation had taken place under the chin. Made a free incision, which gave exit to a great quantity of ill-conditioned and most offensive pus. Discharge from the mouth continues.

23d.—Swelling somewhat diminished; purulent sputa and discharge from the external opening continue. Integuments had sloughed off around the incision to about an inch in diameter; pulse 130; stench intolerable, combining the disagreeable fetor of mercurial disease with that of gangrene.

24th.—Sloughing had extended, making an oval opening under the chin, measuring two and a half inches in its longest diameter. Profuse hemorrhage had taken place externally at the opening, and internally through the duct of the submaxillary gland.

25th.—Hemorrhage had returned, and continued until syncope came on. Gangrene had extended along the cellular substance and integuments to the clavicle on each side.

26th.—Symptoms nearly as yesterday; had lost some blood during the night. Hemorrhage returned the next evening, with such profuseness as to end his sufferings.

This case was treated at first with saline cathartics and opium to allay nervous excitement and procure rest; together with terebinthinate gargles and liniments, topically. When the tendency to gangrene manifested itself, sul. quinine, sul. acid, with brandy and opium, were freely administered. After hemorrhage supervened, the most powerful styptics were locally applied, and with a syringe thrown through the submaxillary duct. Privilege of *post-mortem* examination not obtained.

A few days before his illness, the patient had shaved off a huge pair of *mustaches*, and some time previously had obtained medicine of a druggist in the neighborhood, for venereal disease.

The following view of the case presents itself. That the patient was under the influence of mercury (a circumstance carefully concealed from the writer, notwithstanding his interrogations), and that on denuding the face of its customary protection, a cold was taken, causing tumefaction of the submaxillary gland with full development of intense mercurial disease. Ulceration taking place in the gland and involving its whole substance, the matter at length found its way into the surrounding cellular substance, destroying its texture as it proceeded, until it reached the most depending part, where from its accumulation sloughing of the integuments took place—a result which we never expect from a collection of healthy pus.

Query.—Is the peculiar fetor which always attends a mercurial pyæmia, ever caused by any disease not having a mercurial origin?

Chester, N. H., Jan. 15th, 1844.

WM. W. BROWN,

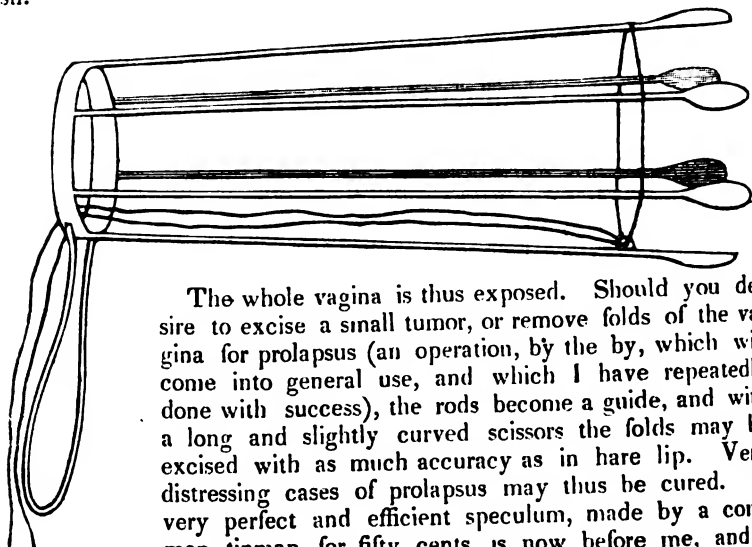
DR. DIXON'S NEW SPECULUM.

[Communicated for the Boston Medical and Surgical Journal.]

It is to be regretted that an instrument so valuable in principle as the speculum, should for so long a period have failed to fulfil the entire object of its distinguished inventor. That this is true, I believe most practitioners accustomed to its constant use will admit. An extensive, and, I regret to say, somewhat miscellaneous practice (I allude to quality), requiring the constant use of the speculum, either for the uterus, rectum, nostrils, or ear, has convinced me that the construction of these instruments is not only defective, but in many instances utterly subversive of the object intended by the operator, viz., a distinct view of the diseased cavity. But to the point. I must assert, with a degree of confidence only excusable from constant familiarity with every variety of these instruments, and the perfect liberty of aspersion to which this expression of opinion subjects me, that one of the principal objects sought for in their construction, viz., *reflection*, is utterly thwarted by the second and paramount necessity—*dilatation*. Thus the speculum of Ricord, with its two or four burnished blades, when dilated as it must be if the os uteri is to be seen at all, becomes useless as a reflector, from the dilatation of the blades rendering the reflection of the os uteri invisible through the opening of the instrument. The anal, nasal and auricular specula, being for the most part straight when dilated, the same difficulty obtains. Now the question is—and it can only be referred to practical men—is the reflection of any consequence whatever? I think a negative answer will be given; and if so, whence arises the necessity for their massive and expensive structure, from the ear speculum of \$3, to the uterine of 10 to \$16, which is a considerable tax to the physician, and sends many a man to the field of his labors without the instruments absolutely indispensable for a faithful discharge of his duty to the patient. If the accompanying trifle shall add to the courtesy I have already received for some other little matters of a similar kind, it will increase the obligations I am under to your excellent Journal.

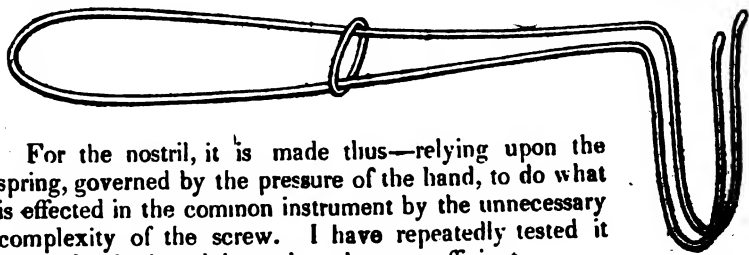
The accompanying draught illustrates the smaller of two sizes—the larger being about one third more in diameter at the ring, and a trifle more flaring. Six steel rods are soldered, equi-distant, upon a tin collar, the interspaces being thickened with solder, so as to give resistance to the ring, when the probe points are drawn together previous to insertion; the points are also made of solder, flat on the inner and convex on their outer circumference. The handle is of wire twice as thick as the rods. A small eye of solder is to be attached to the *lower* rod, through which a strong cord of six strands of silk is to be reeved, *thus*—five of the rods being encircled by the cord, each end of it is to be passed through the eye, one to the right, the other to the left hand, and then both are to be brought through the ring or mouth of the speculum. Pulling on the ends of the cord will close the probe points, the eye being the fulcrum. When closed, wind the cord round the handle, and introduce the instrument at your leisure, instructing the patient to be calm and

avoid resistance. Then unwind the cord, and you have perfect command over the points, and can allow them to expand as slowly as you wish.



The whole vagina is thus exposed. Should you desire to excise a small tumor, or remove folds of the vagina for prolapsus (an operation, by the by, which will come into general use, and which I have repeatedly done with success), the rods become a guide, and with a long and slightly curved scissors the folds may be excised with as much accuracy as in hare lip. Very distressing cases of prolapsus may thus be cured. A very perfect and efficient speculum, made by a common tinman for fifty cents, is now before me, and I really cannot conceive why the instrument should ever cost more.

For the rectum, the instrument is made of one inch in diameter at the collar, and expands to one and a half; it is four inches in length, and requires no stouter wire, as the decrease of length gives the same wire more power; it has but four rods.



For the nostril, it is made thus—relying upon the spring, governed by the pressure of the hand, to do what is effected in the common instrument by the unnecessary complexity of the screw. I have repeatedly tested it in nasal polypi, and know it to be very efficient.

For the ear, it is in all respects similar to the above, with this difference in dimensions—the blades are precisely five eighths of an inch in length, which is the mean distance to the tympanum, and thus there is less danger of injuring that delicate membrane. Their breadth is precisely three eighths of an inch. Should the surgeon desire to manipulate at leisure, and to avoid indefinite distension, the ear speculum may be governed by a sliding ring as above. In the construction of these smaller instruments, the surgical mechanic will probably be found necessary, as the steel wire which is indispensable requires bending and re-tempering.

New York, January, 1844.

E. H. DIXON.

POISONING BY OXALIC ACID.

(Read before the Boston Society for Medical Improvement, in 1834, and communicated for the Boston Medical and Surgical Journal.)

D. McG., an Irishman, about 30 years old; keeps a stall in the market place; manufactures suspenders. About a year since, he purchased in New York a quantity of oxalic acid for the purpose of cleaning corroded brass buckles, which he uses in making suspenders. During a late sickness in his family he purchased a quarter of a pound of Epsom salts, a considerable portion of which remained in the house, and was kept in the same place with the oxalic acid, and in a similar colored paper.

Feb. 1st.—At half past 8 o'clock, A. M., he proposed taking a dose of salts, and by mistake took the oxalic acid. Having measured out about one third of a teacupful of the crystallized oxalic acid, he poured upon it sufficient warm water to fill the cup, and placed it on the stove to dissolve, stirring it occasionally. He remarked that his salts did not all dissolve, and then drank the solution at a single draught. He immediately perceived by the strong acid taste, burning sensation in the throat, and "a gathering at stomach," that he had made a mistake, and thrust a leather strap into the fauces to provoke vomiting. He also drank warm water for the same purpose. Vomiting took place, and the acid thrown up was so strong as to change the black color of his vest to a red brown when it flowed upon it. One of his friends in the mean time ran into a neighboring apothecary's shop, with the undissolved acid remaining in the cup, and was told that it was a deadly poison. He then called upon a physician, who ordered an emetic of ipecacuanha to be given, and shortly after visited the patient.

I was called in and desired to take charge of the patient at 8½, P. M. I found there an irregular practitioner, who had given him an additional emetic of tart. antimony, and followed it by a dose of castor oil. Vomited "drops of blood." When I saw the patient he was in a state of complete prostration; face, lips, throat and tongue swollen and livid; pulse almost extinct, but could be felt by a delicate touch, and was found to be exceedingly weak, rapid, and so irregular that it could not be counted. Heart in a continual fluttering palpitation; great jactitation and distress, with incessant vomiting. The matter evacuated by vomiting was a thick grumous and jelly-like fluid, of a yellow color, mixed with white flocculi. Does not complain of pain, even when deep pressure is made over the stomach and bowels, but is in the greatest distress and anxiety. I learned that the first spontaneous vomiting, and that produced by the action of the ipecac., brought up a quantity of dark-brown matter, like chocolate. This had been thrown away, so that I could not see it myself. I found a person giving him a little white mixture, which appeared to be a mixture of chalk and water, but as the quantity was insufficient to produce the desired effect, I directed him to give calcis carbonatis, 3 iij., mixed with camphor and opium, grs. v. This was given in divided doses, but was not retained long in the stomach. I also directed him to give an injection of soap and water to evacuate the bowels.

Feb. 2d. 9½, A. M.—He has vomited continually in night a yellow

thick fluid. Tongue livid, and swollen so that he can with difficulty project the tip of it beyond the teeth; face tumid, and of a livid complexion; pulse 130, very small and thread-like; urine suppressed entirely; no evacuation from enema—gave him infusion of senna, \mathfrak{z} vi.; sulph. magnesia, \mathfrak{z} j.; carb. magnesia, \mathfrak{z} ij. M. To be given in divided doses.

10, P.M.—Has taken the cathartic as directed, but vomited it immediately; no dejection; urine still suppressed.

3d, 9, A. M.—Vomiting has continued incessantly; distress continues; pulse 130; tongue and face still swollen and livid.

6, P. M.—Applied four leeches to epigastrium; they took hold and filled well, and did *not die*. Gave him a copious enema of soap and water, which operated effectually on the bowels, and brought away solid and liquid fecal matter.

11, P. M.—Still vomiting a grass-green fluid, with a mucous sediment and white flocculi; great distress and fear of death. Directed him to take sulphate of morphia, gr. ij.; aquæ, \mathfrak{z} ij., M., in doses of a teaspoonful after each vomiting.

4th.—Vomiting diminished in frequency, but the matter is still of the same character; pulse 132, fuller and hard; tongue has a thin brown coat, and red, dry tip; very thirsty; no pain, but still distressed and anxious. Bled him nine ounces, and took the blood home to examine; applied a blister to epigastrium; increased the strength of the solution of morphia to grs. iij. to water \mathfrak{z} ij. I now endeavored to learn from him and his friends exactly how much oxalic acid he had taken, and caused him to measure out several times in the cup the bulk of his dose. This he did with great exactness, and from his friends I learned how much remained undissolved in the cup. I took the quantity equal to his dose home with me to weigh, and found it to be 535 grains. I then placed it in a cup of the same capacity as that he had used, and filled it up with five ounces of water at 95 deg. F., and found that the portion undissolved was equal to that said to have been left in his cup, and weighed 59 grains; so that 477 grains were dissolved, which was the quantity taken by the patient. It appears, then, that he took nearly an ounce of oxalic acid!

On the 5th of February I found him with a full, hard and intermittent pulse of 122. Tongue covered with a brown coat, red at the tip, and dry. He is very thirsty; passed urine twice in night; vomits still yellow fluid. Bled him \mathfrak{z} xij., and directed him to continue the sulphate of morphia.

10, P. M.—Vomits less, is disposed to sleep.

6th.—Pulse 100, full, but not hard; vomits less; is delirious at times; tongue covered with a bright-yellow coat; passes urine; skin of face, head, chest and nates, covered with red spots or petechiæ, appearing as if bespattered with blood.

7th.—Pulse 104, hard; tongue covered with brown coat, tip red and dry; no pain, but still distressed; vomits less frequently. Matter thrown up grass green, with grumous sediment; face, chest, &c., still covered

with red spots; feels a sinking sensation at stomach. Continue the morphia when vomiting is urgent. He may have a little toast water, about a teaspoonful at a time.

8th.—Face is sunken; expression anxious; pulse 100; tongue brown; delirious at times; vomiting diminished in frequency. Ordered him a little rice water, to be taken in small quantity at a time. Gave him an injection of oat-meal gruel.

9th.—Face Hippocratic; eyes sunken; delirium; pulse 100; tongue dry, has brown coat, and red, dry tip. Has taken three cups of arrow root. Urine passed in small quantity; distress and anxiety; no pain on pressure at epigastrium and abdomen.

10th.—Face Hippocratic; pulse almost insensible to touch, very weak; delirium and stupor; bladder distended with urine, but cannot pass; does not vomit, although he has desire to do so. He is evidently sinking.

6, P. M.—Drew off the urine by catheter. Sunk rapidly, and died at 9, P. M., without a struggle.

Post-mortem Examination, 10½, A. M.—Muscles rigidly contracted; numerous petechiæ on face, chest, arms and nates. Lungs free from tubercles. Emphysema of lower lobe of left lung. Crepitate under pressure. Unusual infiltration of serum in lungs. Otherwise they appear healthy. Heart does not contain blood in left ventricle and auricle, and but little in the right side of the organ. Usual quantity of liquor pericardii, about half an ounce. Liver very blue where in contact with the stomach; otherwise appears sound. Gall-bladder very much distended with yellow bile. Stomach contains a yellow fluid, evidently colored with bile. Stomach remarkably corrugated. Mucous membrane very bright red, especially in small curvature of the organ and around the cardiac orifice. Numerous small ulcers in the mucous membrane, which is thickened and soft. Strips one third of an inch in length may be struck off by scalpel, but they cannot be torn up by the fingers when the membrane is raised. Duodenum—mucous membrane red, thickened, and has small ulcers in it. Jejunum and ileum congested with blood. Peyer's glands not enlarged. Small intestines contain soft, yellow, fluid, fæcal matter. Large intestines—colon and cæcum contain scibalæ of fæcal matter; mucous membrane in its healthy state. Spleen natural. Bladder contains urine, but is not distended more than usual.

Took the stomach home for further examination. I found the mucous membrane very much thickened, having numerous small ulcerations, and yellow stripes which were not capable of being removed by maceration in water. Corrugation of the mucous membrane very distinctly marked. The red color of the mucous membrane remained after maceration in cold water for ten days.

C. T. JACKSON, M.D.

CASES OF HYSTERIA.

[THE following singular cases are related in the London Medical Gazette, by Dr. Edward Greenhow.]

Although several years have elapsed since the following cases occurred, their interest is by no means diminished in consequence, and I think they merit a more prominent record than the pages of my case-book are calculated to afford them, independent of the practical hint they convey.

It was on the 4th of August I was consulted by a respectable chain-cable manufacturer, who I found had been suffering from the first of the month from incessant hiccup. He was a thin, delicate man, of a sanguine temperament, and I found had sustained a severe pecuniary loss on the 1st of August, when, to use his own language, he felt a choking as if a ball was rising in his throat, and shortly afterwards the hiccup commenced, and which only ceased when from sheer exhaustion he dropped asleep, to be awoke shortly by a renewal of the hiccup. The complaint had continued now for the greater part of four days, without any amendment. It is unnecessary to detail the treatment, which proved wholly unavailing; suffice it to say, he took largely of the carbonate of magnesia, and also of valerian, camphor and assafoetida. Opiates were also used without the slightest benefit, and the case went on until the 8th of August, on which day he remained in the same state, but his wife also had begun to hiccup, accompanied with globus hystericus, and on the day following his sister had also commenced, and on the succeeding day, that is on the 10th, the maid-servant had got into the same state. It was a painful spectacle, although somewhat a ludicrous one, to see four individuals all at the same time hiccuping. It is the most extraordinary instance of imitative hysteria I ever witnessed; but what was worse, the remedies I have enumerated had no effect in controlling the disease. However, on the 11th, something which the maid-servant took made her vomit, and from that moment the complaint ceased. I immediately ordered each of the others a mustard emetic, and was rejoiced to find that the sister also was cured after free vomiting: the wife did not so soon get rid of her attack, which, however, ceased for some time after the operation of the emetic, and she was now able to take her food, and a repetition of the emetic at the end of a few hours, and a warm stomachic with some of the carb. magnes., removed her complaint. Not so the husband, whose attack, however, was always suspended by vomiting, but soon returned. Now, however, he slept for considerably longer periods, and the complaint was suspended while he was eating; he was put upon a similar plan as his wife, only the emetic was used every evening. Under this treatment he got gradually well, but it was full three weeks before he was entirely rid of the hiccup.

I do not recollect having seen any similar instances recorded, although no doubt similar instances have occurred; it had the effect, however, of giving me a lesson in the treatment of hysteria, which I have never had cause to regret, having always found vomiting put a period to the attacks, and the moral effect upon the patient is equally satisfactory, as I believe the dread of an emetic has often had the effect of a check to a hysterical attack.

SYNCOPE FROM THE ADMISSION OF AIR INTO A VEIN.

[At a late meeting of the Medical and Chirurgical Society, in London, Bransby B. Cooper, Esq., related the following case.]

The patient, a female, 19 years of age, was admitted on the 17th of May, 1843, under the care of the author, for enlargement of the middle third of the humerus. She had suffered pain in the seat of the disease for eight months, but the swelling did not commence till six weeks before her admission into the hospital. From the history and the examination of the arm, the tumor was considered to be a malignant disease of the bone, and amputation at the shoulder-joint was resolved upon. This operation was performed on the 23d of May. The arm was removed in less than a minute, and with very little loss of blood. When the limb had been severed from the body, the patient, who had borne the operation with great fortitude, expressed her thankfulness in a firm and audible voice. The subclavian artery was immediately secured, but its compression still retained upon the first rib, as there were small vessels requiring ligature. The author then proceeded to remove a gland, which was somewhat enlarged, from the axilla; and while dissecting it from its cellular attachments, he distinctly heard a peculiar gurgling noise, like air escaping with fluid from a narrow-necked bottle; and at the same instant the patient fell into a state of collapse, threatening immediate dissolution: the countenance was deadly pale; pupils fixed, and unobedient to light; the pulse quick, small, and fluttering, although at intervals regular; the respiration was irregular, being hurried and feeble, and attended occasionally with a deep sigh. The patient was directly placed in the horizontal posture, the flap brought over the wound and retained by plaister; and various stimulants were administered. An hour elapsed before she was sufficiently recovered to be removed from the operating theatre. Upon being placed in bed, she passed her *feces* and urine involuntarily. When the re-action was coming on, she uttered a continued whining cry, and maintained a constant motion of alternate flexion and extension of the right leg, while the left remained perfectly quiescent, and seemed insensible to feeling, as well as motionless. She complained also of pain running up the right side of the head and neck. For several days she remained with her eyes closed. The lower extremities in the same condition as described, and the pulse very frequent. It was found necessary to give her opiates at different times, which relieved her general restlessness, and procured sleep. On the fourth day, the left leg was also affected with involuntary contractions; but these subsided on the following day. On the 25th day she was able to leave her bed. The motions of the right leg had ceased at this time, but she complained of great numbness and loss of power in the left leg. On the 3d of July she was sufficiently recovered to leave the hospital, having no other unfavorable symptom than a slight dragging of the left leg. The author concluded his paper by adding remarks on the consequences of air being admitted into the veins, and pointed out the resemblance between the symptoms in his case and those presented in other similar cases upon record, as well

as in experiments upon the lower animals, made to elucidate the subject. He drew attention to the different effect produced in man compared with brutes by the admission of air, owing to the influence of mental agitation on the motions of the heart in the former. He also dwelt on the various modes of death in such cases, according as the air introduced distended and paralyzed the walls of the right cavities of the heart, or was sent onwards, mixed with the blood, to the lungs, or was transmitted by the arteries to the brain; and he ended by offering some practical remarks on the best mode of guarding patients from such dangerous occurrences in operations about the neck and shoulder.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 7, 1844.

*Theory of the Nervous System.**—So mysterious are the phenomena of life, that men in every age have ardently attempted to investigate and explain them, though they are still but poorly understood. Anatomical explanations present us with a vast variety of beautifully constructed apparatus, all concurring, harmoniously, in the production of results, the most extraordinary to the mind of a philosopher. Without muscles, vessels, nerves and a circulation, there is no vitality. Such is the interest in regard to this great question, what is life? that no sooner does one writer step aside, than another promptly announces himself with new tidings of essential import. Such inquiries give exercise to the highest order of minds, since those of ordinary calibre seldom attempt to cope with subjects which are so much beyond their reach.

From the press of the great medical publishing house of Messrs. Lea & Blanchard, of Philadelphia, we have been favored with a scientific essay, that appears destined to excite no little degree of movement among the dry bones of every-day, stereotype thinkers. It is an attempt to produce a correct theory on the nervous system, by Dr. Harrison, professor of physiology, &c. in the Medical College of Ohio. Whether he succeeds, or not, in the undertaking, in a satisfactory manner, Dr. Harrison's claims to the distinction of a close student and a powerful reasoner, cannot be called in question, with any show of reason.

"It will be observed," says the author, "that this work is entitled an essay. It is indeed an attempt—perhaps an unsuccessful one—to bring a large class of phenomena, seemingly the most opposed to the ordinary laws of nature, within the compass of those laws. In this attempt I am not aware of having violated, in any instance, the strict rules of inductive logic." Again: "To explain *sensation*, thought, &c., by corpuscular change in matter, is impossible: they are ultimate facts, and like all such, incomprehensible, or, rather, are to be known only in themselves."

After these explanations, Dr. Harrison strikes off boldly into the field.

* An Essay towards a correct Theory of the Nervous System. By John P. Harrison, M.D., &c. Philadelphia: Lea & Blanchard. 1844. 8vo. pp. 292.

In the course of eleven chapters, he impresses the reader with the profundity of his attainments in a department of study which a few only, in the moving multitude, have either the courage, the taste, or the requisite mental power, seriously to engage in. We may hazard the opinion, therefore, that this essay—from the character of the subject it treats—will not be extensively perused; but it will nevertheless produce a sensation, and give activity to elevated minds both here and in Europe. In short, it will stimulate into activity those who have the capacity and the industry to cope with this or any other theory of the nervous system. We shall watch with interest for the more elaborate reviews of Dr. Hartison's essay—feeling assured that the sparks elicited by his genius must necessarily produce a corresponding movement in some other minds.

Dr. Hayward's Outlines of Physiology.—Since treatises on the elements of this important science have been considerably multiplied of late, an acquaintance wishes us to call the attention of the public to the volume prepared by Geo. Hayward, M.D., of this city. He thinks no subsequently-written work, prepared for the same object, is any improvement upon that—nor, in fact, so good. We see no reason for altering our own views in regard to Dr. Hayward's undertaking, which have been heretofore expressed. It is an excellent digest of the science, admirably suited to the purpose for which it was intended. It is now in the fourth edition—the best of all commendation.

Ohio Lunatic Asylum.—The fifth annual report is before us, for copies of which we are indebted to the Superintendent, and to Dr. Bennett, of the Ohio Legislature. It is a plain, methodical, satisfactory document, with which the Legislature of the State, to whom it was addressed, must have been gratified. Although we passed a day at Columbus, the last season, it was not convenient to visit the Asylum, which is much regretted. Dr. Aul's reputation stands high in public estimation—and long may he live to benefit, by his experience and philanthropic disposition, the wretched, reason-bereft beings who are confided to his care. A synopsis of the report has been given in former numbers.

Maine Insane Hospital.—One of the first items of interest noticeable in this report, is the economy of the institution. The expenditures for eleven months past, were only \$8,999 68. Next, the Medical Superintendent's report is most essential. Dr. Ray seems to have exerted himself to raise the Hospital where it was *not* under the administration of Dr. Knapp—the resigned, of remarkable memory. By a law of the State, the Hospital year is to end, in future, on the 30th of November. In eleven months, 82 patients were admitted. Within the same period, 31 recovered, 27 were improved, 17 were not improved, and 4 died. On the 31st of Dec. 1842, there were 65 inmates. Greatest number of patients at any time during the year, 72; average number, 65. That which takes the highest place in Dr. Ray's report, regards criminal law, which is marked for republication in the Journal, whenever room can be spared for its introduction.

Medical Examinations in Connecticut.—An editorial article appeared in the New Haven Daily Herald, last week, on the subject of the medical schools in that city, which was so judicious and appropriate, as to claim the special notice of those interested in the progress of medical education. Of the address delivered by Dr. Welch, to the candidates for degrees, the Herald speaks in terms of unqualified praise, and intimates that it is to be published in a pamphlet. A valedictory was pronounced by Dr. Brown, distinguished for its chaste and classical character. The editor says, "we cannot but admire the professional zeal and public spirit which annually brings together so much talent and respectability in the board of examiners. It is no little sacrifice for six gentlemen, so highly distinguished in their profession, to leave their business and come from remote parts of the State, to attend to this official duty. The public can have no better surety than is afforded by the character of the board, for a rigid scrutiny of the qualifications of candidates for the responsible duties of the medical profession." The people of Connecticut do every thing well in regard to education. They allow no half-way measures in graduating classes in law, physic or divinity; the candidate cannot pass the ordeal unless he is fully qualified.

Geneva Medical College.—A prosperous lecture term has recently closed at this College—the class averaging from 150 to 180, says the Geneva Advertiser. The character of the institution is represented never to have stood higher. Dr. T. R. Spencer, one of the Faculty, seems to have been quite a favorite of the class. He is a gentleman of elevated attainments, who does not consider it a derogation of dignity to be courteous and obliging. The degree of M.D. was conferred upon 44 graduates, whose names and theses we are obliged, for want of room, to omit. The honorary degree of M.D. was conferred upon the following gentlemen:—Edson Carr, Daniel T. Jones, William Wallace.

Castleton Medical College.—The catalogue and circular of this institution has been received, containing also the names of all who were admitted to the degree of Doctor in Medicine, at the termination of the autumnal lectures—26 in number. The honorary degree was conferred on James Kenedy, N. Y.; Wm. Tibbits, N. Y.; Thomas Chadbourne, M.D., N. H.; Alden S. Sprague, M.D., N. Y. The spring course of lectures will commence on the last Thursday of February.—We have received from the Trustees of the College, with the request to publish, the following "copy of a resolution passed at a meeting of the Board of Trustees, convened Dec. 30th, 1843."

"Whereas, it has been made to appear to this Corporation by satisfactory testimony, that Prof. James McClintock has pursued a course of conduct inconsistent with his connection with this institution, therefore Resolved, that he be and he hereby is removed from the Professorships which he now holds, and all connection with this institution.

"I. DAVEY, Secretary of the Trustees of Castleton Med. College."

Rush Medical College.—When asked where this institution is located, it is not strange that the question could not be readily answered. Schools

of medicine are now so very numerous in the United States, that one needs to keep a catalogue of them in his pocket for reference. The charter of the Rush Medical College was granted by the Legislature of Illinois, in 1837; but it was not fully organized till last October. The present faculty was then appointed, and on the 4th of December a course of Lectures was opened. Daniel Brainard, M.D., has the chair of Anatomy and Surgery; J. V. Z. Blaney, M.D., that of Chemistry and Materia Medica; John McLean, M.D., Theory and Practice of Medicine; M. L. Knapp, M.D., Diseases of Women, Children and Obstetrics. Those who have the pleasure of an acquaintance with these gentlemen, must feel assured that whatever charge is committed to their care will be managed with discretion. The dignity of the profession will lose nothing in their keeping; and empiricism in medicine, it is hoped, will melt away, wherever the influence of the Rush Medical College is felt, like an early dew before the rising sun.

Chicago—and who that has the spirit of enterprise in him does not delight to hear the name of Chicago?—is the place where this new College is located. Its prospects are identified with the prosperity of the West. Dr. Brainard's introductory discourse, of seventeen octavo pages, on the *Institutions of Science*, now before us, is exceedingly creditable to him. "Professional character," says Dr. B., "is the property, too often the only property, of its possessor; on this he relies for support. When, therefore, we hear it unjustly assailed, either from malice or thoughtlessness, it is impossible not to conclude that the assailant is destitute of respect for the rights and property of his neighbor. That this is too often heard, all must admit, and it constitutes an evil of such magnitude, as to call for some general effort of the better portion of the profession to prevent it."

Medical School in Tennessee.—From the Knoxville Argus, intelligence is received of an intention on the part of the trustees of the University of Tennessee, to organize a medical department. In connection with the project, the name of Dr. Cross, of Lexington, Ky., is associated. Having the pleasure of a personal acquaintance with that gentleman, we can bear full testimony to the suavity of his manners, and to his eminent literary and scientific qualifications, which would give character to any institution to which he might be called. But why should the University of Transylvania allow the suggestion to go abroad, that Dr. Cross might resign his chair? If there is a spark of that ambition still remaining in Lexington, which has been eminently conspicuous for many prosperous years, the University will not allow such talent to be withdrawn.

Health in the Massachusetts State Prison.—The following synopsis of the annual report of the attending physician of the Massachusetts State Prison, has been extracted from the Boston Post.

"Appended to the report of the warden of the State Prison, is that of the physician. It is short, comprehensive, and characteristic of its distinguished author, Dr. Wm. J. Walker. The whole number of patients admitted during 1843, is 151: the number of days residence in the hospital is 2892; and 334 days' labor has been abated to invalids for a day, and 430 days

light labor have been advised by him. There have been 2 deaths. By a table annexed to the report, it appears that the physician of the Prison has had under him 2961 convicts, and that during this time there have been 42 deaths. Upon this Dr. Walker makes a remark of too much importance to the people, and to doctors and apothecaries, to be hastily passed over:—

“By the annexed table it will be seen that the whole cost of drugs and medicines for the term of ten years, last past, is \$273 08; and that the average annual mortality among the convicts is as one to seventy and five tenths. During the above term the physician has declined giving drugs to the convicts until fully satisfied, in the first place, that the applicant was sick. Secondly, that his malady was understood, and susceptible of cure, or of material relief. Thirdly, that the proposed drug was well adapted to benefit the patient, and not likely to leave any deleterious influence in his system.

“The result of this experimental inquiry is truly gratifying, as the mortality has diminished about one third; and I firmly believe that the same plan of treating diseases in the great human family would be highly beneficial to mankind, and tend to elevate the character of the medical profession.”

Anomalous Eruptive Disease.—In the town of Lyme, Huron Co., Ohio, an eruptive disease has appeared, that is exciting considerable attention. Dr. Charles Smith, of that place, who has made himself familiar with its appearance and general character, gives the following account of it. We hope Dr. Smith will hereafter furnish us with a detailed scientific paper upon the subject.

“On several of the cases the eruption has been of the most confluent form, accompanied with swelling of the head and face, soreness of the throat and mouth, with hoarseness. In every case the pustules have begun to dry up in five or six days, and the swelling to subside, and all of them were personally exposed to the infection of the first case. There have been, up to the present time, fifteen cases, all of them convalescent, some of them well. On some the attack has been very severe; while on others it has been slight.

“The course of treatment has been generally to bleed and evacuate the stomach and bowels, in the forming stage; and then to keep the bowels relaxed during the complaint.

“Vaccination does not prevent or modify the disease; most of the subjects have been vaccinated. Nor does smallpox seem to prevent it. There have been two slight cases, who had the smallpox.

“There is no evidence, at the present time, of its being contagious, only by personal exposure. There have been no distinct features of the smallpox in these cases. In the distinct smallpox, the pustules fill with pus in eight or ten days, and in the confluent kind they do not fill until the eleventh or fourteenth day.”

Dr. Dixon's Speculum.—Readers are requested to examine the claims of this new instrument, a description of which appears to-day. An eminent surgeon in Boston, who has looked into its construction, says it is an excellent affair.

Dr. Lee's Agency.—Those interested in the progress of medical literature, will be gratified with the progress a-head, as developed in Dr. Lee's advertisement in to-day's Journal. We shall more particularly advert to the subject of the Sydenham Society at another day.

"*Anatomical Mistake.*"—MR. EDITOR,—I noticed in the Journal of the 31st, some strictures upon Dr. Atkinson's case of inguinal hernia. It is to be regretted that your correspondent has made so much of an affair which by every candid reader was probably considered a slip of the pen. The "*anatomical mistake*" was doubtless perceived by all the readers of the Journal, but did any one, with the exception of your correspondent, for a moment imagine that this resulted from the ignorance of Dr. A. concerning the parts of which he speaks. Had such been the case, I doubt if the friends of Mrs. W. would have had the pleasure of seeing her restored to health. I believe it has ever been conceded by practical surgeons, that a successful performance of the operation for inguinal hernia, was *prima facie* evidence of skill and science on the part of the operator. The writer of this article is well acquainted with Dr. A., and believes him to be a sensible, honest, and successful practitioner, incapable of fraud, or "reporting what he reads rather than what he sees." His communication was probably written very hastily, and if your correspondent had waited a reasonable time, or addressed a private note to Dr. A., which would have been the more generous course, the matter might undoubtedly have been satisfactorily explained. For one, Mr. Editor, I deprecate the censorious and captious spirit which some men manifest towards others in their own profession. There is already prejudice enough existing in the minds of the community against medical men, and they should be careful how they inadvertently or designedly expose the blunders of their brethren. Mistakes of a more serious character than the one under consideration sometimes occur. Perhaps you may recollect an instance, some years since, where a surgeon "damned himself to everlasting fame" by tapping a woman for dropsy, who in the sequel proved to be pregnant. Had Dr. A. committed an error of this kind, there would have been some call for censure—but as it is, *cui bono*?

JUSTITIA.

TO CORRESPONDENTS.—A communication, signed *Pindar*, has been received. If the author will allow us to attach his name to it, it will be inserted; those who may feel called upon to answer it, will then know whom to address. The writer, we trust, will not impute this unwillingness to give insertion to his article, to any want of respect towards himself as a professional gentleman, since his position in society is one of which any man might be proud. We cannot comprehend the precise object of the paper, nor discover what good is to be accomplished by its publication; nevertheless, with the writer's name, it will be admitted.—No. I. of Dr. Allen on Epidemic Erysipelatous Fever, and Phreno-Mesmerism No. IV., are on file for insertion. An account of a number of cases treated homœopathically has also been received.

DIED.—At Columbus, Ohio, Dr. Double, of smallpox.—In Brookline, Mass., Dr. John C. Howard, 49.—In Boston, Henry G. Wiley, M.D.—In Portland, Me., Dr. Newell Smith, 60.—At Warehouse Point, Conn., Dr. William Daniels, 39.—At Hallowell, Me., Dr. Benjamin Page, 74—one of the original subscribers to this Journal, and an occasional contributor.—At Machias, Me., of apoplexy, Dr. Newell Wetherbee, also an original subscriber to this Journal.

Number of deaths in Boston for the week ending Feb. 3, 32.—Males, 13—Females, 19. Stillborn, 5.

Of consumption, 6—measles, 1—dropsy, 1—hæmorrhage, 1—worms, 1—scarlet fever, 2—lung fever, 3—dropsy on the brain, 2—suicide, 1—erysipelas, 1—hooping cough, 1—canker, 1—paralytic, 1—inflammation of the bowels, 1—old age, 2—dropsy on the chest, 1—debility, 1—infantile, 1—pleurisy fever, 1—typhus fever, 1—fits, 2.

Under 5 years, 11—between 5 and 20 years, 2—between 20 and 60 years, 12—over 60 years, 7.

Queen Elizabeth suffering from the Toothache.—There were found at Islington, concealed in the house of a catholic priest, three waxen images of the queen, and two of her chief counsellors, which it was said were intended to be operated upon in a diabolical manner for her destruction. Much at the same time Her Majesty was attacked with such grievous toothache, that nothing could mitigate the torture she endured, and she obtained no rest either by night or day. Some persons attributed these sufferings to the malign magic that had been employed against her. Her physicians held a consultation on the royal malady; and instead of devising a remedy for her relief, fell to disputing among themselves on the cause of her indisposition, and the medicines most advisable to use. The lords of the council then took the matter in hand, and decided on sending for an "outlandish physician, of the name of John Antony Fenatus," who was celebrated for curing this agonizing pain; but as it was a perilous thing to entrust the sacred person of a sovereign, so suspicious of plots against her life by poison as Elizabeth, to the discretion of a foreign practitioner, "who might possibly be a jew, or even a papist," they would not permit him to see Her Majesty, but required him to write his prescription.

Fenatus composed a long and elaborate Latin letter in reply, declaring in the first place his unworthiness to come after such great physicians, and then prescribing divers remedies, but with the intimation that, if the tooth were hollow, when all was said and done, it was best to have it drawn, though at the cost of some short pain. If, however, Her Majesty could not bring herself to submit to the use of chirurgical instruments (of which it seems he had heard something of her abhorrence), then he advised that the juice of *chelidonium major* might be put into the tooth, and so stopped with wax that none of it might touch the sound parts; which would so loosen the tooth, that in a short time it might be pulled out with the fingers; or the root of the said plant might be rubbed upon the tooth, which would produce the same effect; but concluded by declaring that drawing the tooth was, by all, esteemed the safest and best way.

The courage of the lion-hearted Elizabeth failed her on this occasion; and she expressed so much repugnance at the loss of her tooth, combined with terror of the pain that might attend the operation, that the eloquence of her whole cabinet could not prevail upon her to undergo it.

Aylmer, Bishop of London, who was present at this grave debate, then stood forth; and after assuring Her Majesty that the pain was less than she apprehended, told her, "that although he was an old man, and had not many teeth to spare, she should see a practical experiment of it on himself," and thereupon, bade the surgeon, who was in attendance, extract one of his teeth in Her Majesty's presence, which encouraged the queen to submit to the like operation.—*Miss Strickland's Lives of the Queens of England.*

Milk injected into the Veins.—M. Donné, in the course of the past summer, stated to the French Academy of Sciences, that having been struck with the analogy between the constitution of milk and that of blood, he had repeated the experiment of injecting the former fluid into the veins of various animals; and his experience, contrary to that of many former observers, went to prove that those animals (except, from some unascertained cause, the horse) not only supported the effect without injury, but the globules of milk served the purpose of those of chyle, and became eventually transformed into blood-globules.—*Gaz. des Hôpitaux.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, FEBRUARY 14, 1844.

No. 2.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

THIS disease has been known by several names—as *Erysipelas*, the *Black Tongue*, *Cold Plague*, the *Rose*, *St. Anthony's Fire*, &c. But, after Sydenham, I choose to call it Erysipelatous Fever under all its apparent dissimilar forms.

Indeed, in its epidemic form it is always an exanthem. It is an idiopathic pyrexia, being as truly an exanthematic disease as pestis, rosalia or rubeola. Like the other exanthems, it has its peculiar characteristics. In its mode of attack, its natural duration, its local congestive tendency, it exhibits its exanthematic relationship. Chills, fever, and local affections or erythema, are essential traits of character in genuine epidemic erysipelatous pyrexias. After a chill of a greater or less severity, ensue febrility, succeeded by erythema of some portion of the skin and tumefaction of the subjacent tissue, or some internal organ becomes implicated. The same train of constitutional phenomena occur in pestis, rosalia and the like, differing only in severity and in the specific character and place of the local affection—each ultimately manifesting its specific character by the local affection.

Sydenham informs us that the chills, or shivering, and subsequent feverish heat of erysipelas, so nearly resemble the accession of the plague, that it has been mistaken for that disease. The difference, he remarks, consists in the greater violence of the latter. This may have been the fact, but the writer can hardly imagine more violent chills and succeeding heat than he has witnessed in some cases during the incipient stage of erysipelatous fever. This complaint, like others occurring epidemically, has usually greater severity than when it is sporadic. The same facts have been observed in the yellow fever, cholera, &c.

On the invasion of erysipelatous fever, ordinarily in the course of one, two or three days the local affection will be manifested. Sometimes, however, it may linger till the eighth or even the ninth day. In some other instances this local disease seems to appear simultaneously with the febrile accession. Indeed, in its recent extensive prevalence in this vicinity, at the onset it was generally discoverable on the pharynx and tonsils. In two cases, under my observation, it at first fixed on the larynx, and destroyed life in each within forty-eight hours. Death was pro-

duced, apparently, as in *empresma laryngitis*. In other instances its location would be the tongue, which would become enormously swollen and extremely painful. None of this character, which have fallen under my observation, have assumed that lividity which characterizes the *black tongue*. Several such instances occurred in the practice of Dr. J. Rice, of Bridport, and Drs. Haile and Goodrich, of Crown Point, N. Y.

If, however, this local affection happen on the surface, it is always an erythema—having the specific character of what is usually denominated *erysipelas*, or erysipelatous inflammation. This occurrence may be regarded as merely a symptom of the disease. It is an event resulting from the preceding febrile action. Some of my medical friends, who have had much experience in epidemic erysipelas, regard it as occurring only when the preceding treatment has not been sufficiently energetic. Such are the views entertained by my experienced friend, Dr. Adin Hall, of New Haven. It is evident that the violence of the local disease, in common cases, is much influenced by the previous constitutional management. Certainly, its tendency to suppuration or gangrene is essentially affected by the early medication. Although the local affection may be regarded as a pathognomonic symptom, this circumstance does not in the least diminish its importance. So far from this, in fact almost the whole event of the disease depends on the place of its location. It was early observed by Hippocrates, that when it appeared externally, and could be kept on the surface, little or no danger was to be apprehended from its appearance. The truth of this position has been verified by the observations of the most experienced men subsequently, as Sydenham, Boerhaave, Van Swieten, and those of the present day. Drs. Hall and Dexter inform us that where it prevailed so extensively in the northern section of Vermont and New Hampshire, last season, “when the manifestations were external and the inflammation of the skin did not recede, there was little or no danger to be apprehended.” (Vid. *American Journal of Medical Sciences*, No 13, 1844.) In each of the extensive and severe epidemics which the writer has witnessed, if the local affection manifested itself on a vital or internal organ, or tissue, either primarily or by metastasis, the most serious consequences were to be apprehended. In fact, it is evident that the event of the complaint mainly depends, other circumstances being equal, in these cases of erysipelatous fever, upon the importance of the part in the animal economy on which the local affection may occur. During these epidemic periods, the local manifestations are probably as often primarily seated on an internal organ as an external organ. Hence, under these circumstances the true character of the disease is only to be ascertained by the severity of the chill, ensuing heat, and the kind of diseases prevailing. I have rarely seen, at the onset, the location on the brain; it has occurred frequently on the respiratory organs, and on the abdominal viscera. An irritation or lesion of a part will often fix the location. Two cases, which terminated fatally, had their location in the head, from a wound of the scalp; one on the intestines, from a lesion caused by inguinal hernia. The process of parturition peculiarly adapts the uterus and its peritoneal envelope for such an invasion. Hence, results the

gloomy fact at these times, that women in this condition are extremely liable to erysipelatous puerperal peritonitis, which is generally fatal. Even the irritation of the *fœtus in utero* has sometimes produced the disease previous to accouchement, and accelerated this event. During the epidemic of 1826, I had cases of this description, and my friends, Wm. Bass, M.D. and Edward Tudor, M.D., had several that they regarded of this character. And in the late epidemic of 1842, Dr. Tudor saw one case in which the infant at birth had erysipelatous inflammation. The mother and child both recovered.

JONATHAN A. ALLEN.

Middlebury, Vt., Jan. 31, 1844.

PHRENO-MAGNETISM.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.]

CONSCIOUSNESS informs us of the existence of sensations, thoughts, desires and volitions. Our personal existence is an inference, the first one indeed that is drawn from any one or all the facts of consciousness, but does not lie immediately under consciousness itself. I think, therefore I am, said Descartes—a proposition which, though often ridiculed, still holds good among metaphysicians. That there are real existences without, which are the causes of our sensations and the objects of our desires, is another inference, made subsequent to the first, and like it not possessed of that degree of certainty that attends the facts of consciousness. That we may err in making the first of these inferences, will be thought by some to be rendered possible by the phenomena of double consciousness. But that we may err in making the latter, is rendered still more probable by the every-day occurrence of perceptions, desires and volitions in dreams, without their corresponding objects. "For whilst I know [says Locke], by seeing or hearing, &c., that there is some corporeal being without me, the object of that sensation; I do *more certainly* know, that there is some spiritual being within me that sees and hears." The evidence, therefore, for the existence of an agent, an entity, or being, which says I, in man, is greater to his mind than the evidence for any other existence, and must always take precedence of that which is derived from observation.

When, therefore, man, in his own voluntary motions, recognizes but the reactions of this personal agent on the sensations it experiences, whether immediate, as in the case of emotional or instinctive impulses, and habits; or more or less remote, as when the judgment interposes and modifies volitions; he is irresistibly led to attribute similar motions and acts in other beings, to the same principle. And, moreover, since he recognizes a vast difference in the nature and bearings of his actions, according as he yields to the first impulses of his sensations, or awaits the suggestions of reason and conscience, before he acts, he is disposed to refer whatever differences he may observe in the movements of other animals to the operation of the same modifying causes.

Nor will he be inclined to stop with this explanation of the phe-

nomena of animal life. If in the laws which regulate the phenomena of vegetative life he continues to recognize coincidences with the attributes of this personal agent, these coincidences will be referred to an identity of substance between the energy that reveals itself there and the above agent, unless other facts discountenance the supposition.

Such is the instinctive tendency of the human mind. And no physiologist, who, by reasoning grounded on facts drawn from external observation alone, refers the operations of life to properties of matter, can expect a general assent to his doctrines, without first either proving that this vital agent is non-existent, or without diverting attention from it by throwing a mask over the facts, which consciousness interposes between his own facts and the conclusions which he draws from them.

The doctrine of a vital principle, to explain the vegetative functions of a nervous power, and of a soul superadded to it to account for the higher animal functions, as distinct entities, in addition to the chemical and physical properties of matter; as well as the doctrine that matter acquires new properties in the act of organization, must be alike regarded as gratuitous assumptions, admitting that they serve to generalize the phenomena. For they assume that, of the existence of which there is no proof. But such is not the case with the doctrine which superadds to the common properties of matter nothing but that energy which reveals itself in the consciousness of man. For this assumes nothing which is not known to exist. Of the *mode* of that existence there is room for speculation. Whether both it and matter are modifications of the same common substance, or whether they exist only as phenomena, are questions which philosophical schools may discuss, without affecting the belief of mankind, either in their own existence as free moral agents, or in that of the external world.

These discussions, however, must be allowed to prove that comparatively little is known of the nature of the mind, of the manner in which it is united with the body, and of the mode in which that association is dissevered. And while such is the fact, it is far more philosophical to refer a phenomenon to some undiscovered mode of its activity, than to imagine a property of matter out of the range of those laws, the observation of the phenomena of which, gave origin to the name and idea of matter itself. For instance, it is not reasonable to conclude, because a polypus when divided becomes two or more animals, that the power of doing so is a property of that substance; or because, after all voluntary motion has ceased in an animal, mechanical irritation of a nerve will produce contraction of a muscle, that therefore contractility is a property inherent in muscle. For we neither know how one becomes many in the process of reproduction, whether by offsets, buds, or germs, nor can we know that the mind is dis-associated from the body in all its departments as soon as the circulation ceases. Such, it would seem, are the obvious conclusions of reason from facts acknowledged by all writers on physiology.

These conclusions are also favored by the considerations which an attentive examination of the anatomy of the human body suggests. On the same

principle by which we infer that nothing is formed in vain, we must suppose that there is a reason why every tissue is formed precisely in the way it is formed, and in no other way. There is a reason why nerve is formed in that peculiar way which distinguishes it from all other tissues ; a reason why muscle is formed like muscle, and like nothing else ; a reason why bone is formed like itself, and so on. Now this reason is undoubtedly to give, by such and such a mode of formation, a property which, constructed differently, it would not possess. In the case of bone, we are also able to recognize, as the reason of its formation, the production of the physical quality of firmness and solidity, and it is natural by analogy to extend the same conclusion to the rest, viz., that it is for the production of some *physical* quality which otherwise they would not possess, that the chemical and mechanical arrangement of every tissue is as it is. And in the instance of muscle, though we cannot perceive any adaptation to the power of contractility, we can perceive in the flexibility of its fibres, united with strong cohesion, physical qualities adapted to make that power easy of application, and effective in result. So, also, in nerve, though we cannot perceive an adaptation to the property of sensibility, there are physical qualities, in the slight degree of cohesion among its particles, depending on their chemical composition and arrangement, which, we may well conceive, favor the reception and propagation of material impulses. And if we may conceive of a vital principle as forming and so disposing of their elements for a specific purpose, it is certainly more logical to suppose that it does it in order to avail itself of the new physical properties which they acquire, when so formed and disposed, than to superadd to them properties out of the range of all analogy of the laws of matter or mind. Moreover, in the combination of these primary physical properties, in the attachment of muscle to bone, of nerve to muscle, there is an adaptation to produce a physical result, on the application of a power which by no means grows out of that combination, but which consciousness reveals to us as belonging to the mind. Again, the combination of tissues into organs, as well as apparatuses, is manifestly on the principle of assisting, by mechanical laws, the operations of the mind. What other effect can the eye be supposed to have, than that of modifying and concentrating the rays of light, according to the laws of optics, on the retina ? Or what does the ear, but concentrate vibrations, according to the laws of acoustics, on the auditory nerve ? And if, in both cases, mechanical impulses alone strike the nerves, what reason is there to suppose that the nerves have any other property than the physical one of being affected differently by the different classes of impulses ? As to the other organs of sense, if they cannot be proved to be mere mechanical arrangements, it is because their structure is not sufficiently mathematical to allow of comparison with mechanical laws. The same remark is also true of the large vital organs, and the organs of circulation, secretion, &c. As far as mechanical laws can be applied to them, their structure corresponds with the principle, that mechanical effect was the reason of their being constructed precisely as they are constructed. From the valves of the veins, to the

auricles and ventricles of the heart, to the elasticity of the arteries, to the large surfaces produced by the convolutions of the brain, and the intestines, this truth is everywhere suggested. The great phrenological principle, that size is a measure of power, is a mechanical principle; and, so far as it is true, goes to confirm the supposition that the brain assists the operation of the mind by some mechanical effect it produces.

To those who may consider these objections to the doctrine of properties superadded to the common properties of matter, as of little weight, in consequence of their *a priori* character, it is sufficient to observe, that the doctrine in question is also the result of a *a priori* reasoning. It is the consequence of a disposition, engendered by the mind's being more conversant with material objects than with the phenomena of life, to extend the conclusions which it forms in the former department of nature, over the latter, in the vain hope of attaining the same simplicity and certainty. This is the whole foundation on which it rests, and this disposition has been especially strengthened by the progress which has been made of late in the physical and chemical sciences. If, however, it can be made evident that from the moment life commences, a series of facts begin to appear, bearing no conceivable relation to those laws which we ascribe to matter, and at the same time matter is employed to develop mechanical and chemical powers, we have not the least reason to assign to it anything more than its wonted office. And if the new series of facts are found to bear a relation to a system of laws revealed to us from another source, but which point to a real, substantial existence, with greater evidence than to a phenomenal existence, with at least equal evidence as do the laws of matter themselves; nothing short of an absolute demonstration of the impossibility of reducing them to this last series of laws, will justify the physiologist in imagining the existence of new and unusual properties of matter, or new entities other than those which are revealed by observation and consciousness.

But there are objections of a direct character to the doctrine of properties, which must, to an unprejudiced mind, appear decisive of the question. The first of these is that inconsistency or violation of the analogy of nature, which it necessitates, of assigning to the same anatomical structure a number of different specific properties. Hence the nervous system has as many distinct offices as there are parts of the body to which it is distributed. And the gross exaggeration which phrenology makes of the principle, scarcely seems to have suggested to physiologists the idea of calling it in question. Even the valuable work of Copland abounds with references to the ganglionic system of nerves, as presiding over more functions and performing more offices than Hygeia herself.

A second objection is founded on the fact, that effects take place in the human body which cannot be referred to these properties, numerous as they are—effects which in some instances follow the development of the organism, and in others are reactions on the organism produced in an inconceivable, if not contradictory, manner, if the manifestations of life are to be considered as the results of properties of matter. On these, however, it is not my purpose to dwell at present. At some future time,

I shall give some examples, from a late work on Human Physiology, which has attracted some attention from the peculiar ability with which the author supports his views.

NOTE.—It is contended, that allowing all phenomena are ultimately dependent on mind, a general intelligence, or soul of the world, it is still proper to treat of vital manifestations as properties superadded to matter, by organization, in the same way as we speak of physical ones which in the end are dependent on the same power. Such an idea is, however, hardly worth a moment's consideration. It is like a man's saying that because a polygon, with an infinite number of sides, may be supposed equal to the circle which it circumscribes, a square may also be supposed equal to the circle which it contains. The difference between the two cases is too great to admit of the application of the same mode of reasoning. His properties of matter organized, would become, like the ancient cycles, mere arbitrary definitions, framed to cover the phenomena, and would deviate more and more, as we ascend the scale of being, from the truth as it exists in nature, while they would keep him forever revolving in a circle, his definitions describing the phenomena, and the phenomena answering to the descriptions. If in the study of inorganic nature it is allowable to refer phenomena to *properties* of matter, it is because the errors thence arising are so small as scarcely to affect the result.

SUCCESSFUL OPERATION FOR STRANGULATED FEMORAL HERNIA, WITH TWO SACS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Surgeons of great celebrity and experience in their profession, of every age and country, tell us that hernia is necessarily a dangerous malady, since at any time, and under every condition, violent exercise of body, the act of coughing, sneezing, &c., may bring it from a perfectly innocent state into a situation which frequently proves fatal. It affects indiscriminately persons of both sexes, of all ages, conditions and occupations. The ordinary harmless nature of hernial protrusions increases the patient's risk, by averting suspicion, and leading him from day to day to neglect the means of relief and security. Although a visible external tumor exists, in most instances, it is not a universal symptom. When we consider this state of things, peculiar to our nature, and the numerous situations of the body in which rupture may take place, the disorders with which they may be confounded, the different states in which their contents exist, and the minute anatomical and pathological knowledge necessary for understanding thoroughly these several conditions, and for performing the operations required under various circumstances, a peculiar importance attaches to the subject, and it requires to be studied with anxious interest by every practitioner of medicine and surgery who has at heart the life and welfare of his patient.

The following case of *strangulated femoral hernia*, which recently

came under my notice, verifies fully the above truths, and is not without interest. Mrs. L., aged 62 years, quite fleshy, but of strong, robust constitution, had been for the last three years subject to femoral hernia of left side, but was able to go without any external support. On Monday, the 7th Jan., 1844, after violent exercise from coughing, she found that the slight swelling formed by the hernia had much increased in size, and resisted her repeated attempts, in the horizontal position, to reduce it. Being ignorant of the danger which threatened her, she remained in this situation, with complete constipation of the bowels, twenty-four hours. Tuesday, the 8th, she felt severe pain in the tumor and in the abdomen, which was soon followed by sickness and vomiting. In this situation Dr. J. W. Warren was called in, who for some time tried the taxis, but ineffectually; in consequence of which, all the usual remedies in such cases, cathartics, enemas, &c., were prescribed, but with little or no relief to the patient. She continued in this situation, with gradual increase of nausea and vomiting, until Thursday, 12 o'clock, Jan. 10th, when I was called, and requested by Dr. W. to take charge of the case. I found, on examination, a tumor, situated deep in the left groin, extending a little outwards and upwards over Poupart's ligament, towards the ilium, with the long axis parallel to the crural arch. It felt hard, but elastic, and quite tender on pressure; in consequence of which, the patient was bled freely, to prevent inflammation and gangrene of the strangulated parts. After reducing the arterial excitement by the usual remedies resorted to in similar cases, in conjunction with the tobacco enema, and thereby bringing the whole system under its influence, by producing faintness, relaxation of muscles, &c., the taxis was again tried, in hopes of effecting the reduction of the hernial protrusion. The swelling became apparently lessened, but did not entirely disappear. The general necessary precautions, concerning the position of the patient, rotating the thigh inwards, bending it, and carrying it across the opposite limb, so as to relax completely the abdominal muscles, fascia lata of the thigh, &c., were carefully observed. On the following morning, Friday, the 11th, I found, upon examination of the parts, that the swelling in the groin had resumed its former magnitude and tension; that it was very tender to the touch, as also was the abdomen; that patient had hiccough, nausea, stercoraceous vomiting, complete constipation of bowels, which latter difficulty had existed from the commencement of the attack; cold sweat, and general sinking of all the vital powers. It was now too late to lose time in further attempts at relief, before giving her the advantage of an operation. She was placed upon a table, and the operation performed thus—assisted by Dr. J. W. Warren.

The first incision was commenced an inch and a half above the crural ring, towards the umbilicus, and extended obliquely downwards and outwards to the inner and lower part of the swelling, as recommended by Lawrence, in order to reach more directly the strictured or strangulated parts, and thus gain more room for executing that part of the operation, which in most cases is rendered peculiarly difficult (in fleshy persons) from the great depth at which the stricture is situated. A second inci-

sion was then made, of about two and a half inches in extent, at right angles with the first incision, and joining it at the lower part. The angular flaps thus formed were dissected up, and reflected, including the fascia superficialis. The covering, formed by the sheath of the femoral vessels and fascia propria, was distinctly brought into view. These were then pinched up with the forceps and carefully opened, by a transverse cut, so as to admit the director. The incision was extended with the probe-pointed bistoury, thus freely laying bare the hernial sac (after dissecting through a thin layer of adipose substance), which was also raised between the thumb and forefinger, and divided with a horizontal cut, making an opening sufficient to allow the passage of the director, upon which the sac was further divided upwards and downwards. This part, to our astonishment, proved to be a sacculated process, or protuberance of the peritoneal covering, containing from three to four ounces of dark-colored serum, situated upon or anterior to the intestinal protrusion. This sac, or process, was found, on close examination, to have no communication with the true hernial sac (which was situated beneath) or with the peritoneal cavity of the abdomen. It seemed to be shut up, or closed by adhesions. On cutting through its posterior wall, which was now deemed necessary, in order to expose the true hernial sac, with its strangulated parts, a convolution of intestine from five to six inches in extent, of a deep reddish or brick color, presented itself to view. A small quantity of dark serum was discharged, on laying open this latter sac, but not so much as from the first sac.

Passing the finger gently into the sac, in front of the intestine, I felt resistance at the anterior edge of the crural arch, or Poupart's ligament. The knife was introduced upon the finger (the strangulated bowel carefully pushed to one side, and protected from injury), the thin anterior edge of the ligament divided directly upwards, together with the neck of the hernial sac. But on making slight pressure, in order to return into the abdominal cavity the strictured intestine, it was found to be closely bound down by the posterior edge of the crural arch, and fascia transversalis, which being now divided, after introducing the director under it, obliquely upwards towards the umbilicus, the stricture at the mouth of the sac was removed, and the bowel examined, and carefully returned. In order to prevent the further descent of the bowel, after recovery from the operation, and thereby to effect a radical cure, I removed the whole of the thickened and indurated peritoneal sac or sacs, with the scalpel, down to the first stricture, or anterior edge of Poupart's ligament. The wound being sponged dry and the bleeding entirely arrested, the edges were brought together, and secured by sutures and adhesive straps; the patient was removed to bed, and an enema administered, which operated freely in a short time; the bowels were thus relieved of their accumulation and consequent distension. The vomiting, which had been kept up during four days, ceased as soon as the stricture was removed. The patient recovered rapidly, the wound mostly healed by the first intention, and she is now (four weeks from the operation) able to walk about house, without any apparent necessity for artificial support to the parts implicated.

The existence of two distinct sacs, in a strangulated hernia, as in the present case, is seldom met with; but when found, they usually create considerable embarrassment to the operator, in consequence of which he may be led to suppose that he has laid open the true sac, and exposed the strangulated intestine, while it is still covered, as in the present case, by a thickened peritoneal partition. M. Chevalier mentions, in his *Medico-Chirurgical Transactions*, Vol. IV., two cases of a similar kind, in which the sac containing the intestine was included within another sac, into which it had descended, so as completely to fill the aperture, to which it firmly adhered. Dupuytren also met with a similar case. See Breschet, *Considerations, &c., sur la Hernie Femorale*. "On opening the hernial sac, a spoonful of fluid escaped, and a substance resembling intestine presented itself. This was soon found to be another hernial sac, contained within the former; it was opened with great care, when about the same quantity of fluid escaped, and a portion of omentum and intestine were discovered."

G. HEATON.

Boston, February, 1844.

EPIDEMIC SCARLATINA IN DUBLIN.

[AN account of the epidemic of scarlatina which prevailed in Dublin from 1834 to 1842 inclusive, by Dr. Kennedy, one of the medical officers of St. Thomas's Dispensary, has lately been published. From a notice of the work in the *British and Foreign Medical Review*, we copy the following.]

It appears from the account given by Dr. Graves, that scarlatina in Dublin was seldom attended with danger until the year 1831, when a remarkable alteration began to be observed in its character; its previous inflammatory type was replaced by a concealed insidious form of fever, attended with great debility. It now, too, often terminated fatally, and began to extend much more rapidly and universally than before. Neither the state of the weather, nor the abode of the patient, seemed to have any influence in modifying its character or diminishing its prevalence. It is to a description of this epidemic that Dr. Kennedy's little work is devoted, which, in spite of all its defects, is evidently the work of an honest, diligent, and truthful observer. In the simply malignant form, the eruption usually faded much after death; but in some cases in which it had not appeared until late in the disease, it went on rapidly increasing until death, "and continued to do so for a considerable time after, till at last the body in many parts become black, and taken as a whole was of a very dark color. In these cases great swelling took place after death, and the signs of decomposition set in very early."—(p. 3.) Vibices and petechiæ were present in many instances, and a lividity of the extremities as great as in patients who have died of cholera. In many of those parts, too, where the body had been exposed to pressure, the integuments were found in a state of slough, which, however, seldom extended for any great distance. The cerebral substance was usually injected, and the ventricles

contained fluid. Sometimes, too, there was an appearance of extravasation of blood beneath the arachnoid, such as is occasionally met with in typhus fever. Usually the appearances found in the brain after death, were in exact proportion to the severity of the cerebral symptoms during the lifetime of the patient. The lungs were found highly congested, and often broke down very easily; the bronchi were loaded with frothy serum, and their mucous membrane was much congested. The heart was loaded with black blood, petechiæ were sometimes present on its surface, and its texture was occasionally softened. The blood was usually thin and watery. Congestion in patches, of the different abdominal viscera, was all that was found even in cases where during life the abdominal symptoms had been most striking.

The second, or complicated malignant form of the disease, was characterized by the severity of the affection of the throat, which sometimes came on when the fever was at its height, but quite as often after convalescence had begun. It generally proceeded very rapidly, and usually affected both sides of the neck, rendering the integuments extremely hard, sometimes reaching down to the pectoral muscle, and attended with great swelling, which subsided very rapidly after death. Serum or pus was found infiltrated into the cellular tissue; sometimes the pus was collected into one large abscess, or formed a number of little ones. In all these cases there was a great tendency to sloughing; and when that took place the lymphatic glands sometimes suppurated, and even the upper part of the sterno-mastoid muscle became disorganized. In three instances of this kind the patients bled to death, owing to the vessels of the neck giving way, and in two of these cases the jugular vein was ascertained to have been the source of the hemorrhage. There was another form of swelling about the neck, caused by the effusion of the lymph only, which attained a large size very rapidly, was attended with no discoloration of the skin, but with extreme hardness of the integuments, and showed no disposition to suppurate. It does not appear that sloughing of the mucous membrane of the throat was the cause of death in any instance, but diphtheritis seems not to have been an unusual complication, and œdema of the glottis proved fatal in some instances.

“Both of these forms of disease were found accompanied by ulcerations varying in extent and number—thus there was very constantly one in the upper part of either tonsil; its edges were irregular, and its depth usually very considerable. I also found ulcers in a very distinct form, about the chordæ vocales; here, also, they were deep, but of a more circular form, and about the size of a grain of large shot; in one instance the alæ of the thyroid cartilage had become diseased.”

Among the sequelæ of the disease Dr. Kennedy notices some forms of wry-neck, which he believes take their origin from the affection of the throat and neck we have just described. He distinguishes three varieties of it.

Inflammation and suppuration of the internal ear, purulent effusion into some of the joints, or the formation of abscesses in the soft parts of the extremities, were other sequelæ of the disease. Pneumonia, too, was

by no means unusual, and was but seldom associated with pleurisy ; which statement, if quite correct, constitutes an exception to what is usually the case. The kidneys were generally quite healthy, and this even in cases where the presence of albumen in the urine during the lifetime of the patient might have led to the expectation that they would be found diseased. Sometimes, however, the kidneys were greatly congested, and thrice they presented the appearances characteristic of Bright's disease.

In the second chapter Dr. Kennedy describes the symptoms of the disease, which varied so much in different cases that he considered it would be impossible to arrange them under the usual heads of scarlatina simplex, anginosa, or maligna. He states, that many cases which began with the most alarming symptoms, ran a very mild course ; while in other instances the opposite of this was observed. In default of any attempt at classification by Dr. Kennedy, we are glad to be able to borrow from Dr. Graves's account of the epidemic, who states that the severer cases assumed one of three forms. In those cases which he refers to the first form, besides fever, sore throat and headache, there were violent congestion of the brain and determination of blood to the head, giving rise at a very early period to convulsions and apoplectic coma. The second form was marked, in addition to the ordinary symptoms of the disease, by a severe headache, which existed from its very commencement ; by pain in the back, and very great irritability of the stomach and bowels. This irritable state of the abdominal viscera depended on cerebral congestion, and resembled that form which accompanies and sometimes masks the progress of acute hydrocephalus. Dr. Graves found this variety of scarlatina extremely dangerous and very little under the power of remedial agents. Some cases, too, put on the third form, and ran a very insidious course. The patients advanced favorably, with comparatively mild symptoms, till the eighth or ninth day ; when an exacerbation of fever occurred, with the return of sore throat, which speedily rendered deglutition difficult or almost impossible. Great swelling of the parotid and submaxillary glands now came on, and often surrounded the neck as with a collar ; while a diphtheritic formation occurred in the mouth and extended into the pharynx. Fever, of a typhoid character, attended the local symptoms ; and death took place after being preceded, for the most part, by some hours of distressing restlessness.

But to return to the description of the different symptoms by Dr. Kennedy. It appears that, in the greater number of cases, the attack of the disease was very sudden ; sickness, vomiting and dizziness occurring quite instantaneously in persons apparently in perfect health ; or occasionally sore throat would come on just as suddenly. After these symptoms, which were generally attended with more or less marked pyrexia, had lasted for a few hours, a general condition of collapse, with great depression and phenomena like those of the cold stage of severe remittents, came on, and lasted for from two to five hours, when re-action took place, and all the more prominent symptoms of the fever supervened. Among these symptoms were sore throat, which, in a more or less severe form, was never wanting ; though by no means always attended with

pain. In some cases, indeed, a very serious degree of sore throat was found to exist without the patient having made any complaint about it. In addition, too, to the more common form of sore throat, a variety was sometimes met with characterized by an aphthous condition of the mucous membrane; or, in other instances, the uvula was so infiltrated with serum as to acquire an enormous size. In those cases in which a false membrane existed on the tonsils, velum, or back of the throat, death took place more speedily than under other circumstances. Sloughy ulcerations of the tonsils were of very frequent occurrence, and were often attended with hemorrhage from the mouth, though never to such an extent as to prove fatal. Such ulcers often continued unhealed for many months after the subsidence of the other symptoms; a circumstance to which Dr. Kennedy attributes the long persistence, in many instances, of the contagious properties of scarlatina.

The date of the appearance of the eruption varied very much. In the great majority of cases, indeed, it showed itself within the first twenty-four hours; but sometimes an interval of two or three days elapsed between the occurrence of the first symptoms and the appearance of the eruption. It remained out from three to five days, and assumed a much darker color before its disappearance than it presented at its outbreak. It was succeeded by desquamation; between the extent of which, however, and the extent and intensity of the eruption, there did not seem to be any connection. The character of the eruption varied greatly; sometimes it was intermixed with an eruption of a miliary character; but the presence of that did not betoken anything serious. It was to be regarded as an occurrence of a much graver import when a second crop of eruption appeared twenty-four hours after the first. It usually showed a greater intensity than the first eruption, but receded after having remained out only a few hours. The eruption varied also very much in the extent of surface that it affected, and sometimes it shifted rapidly from place to place, an irregularity always of evil omen.

The eye was affected in various ways, to which Dr. Kennedy attaches considerable importance in a semeiological respect. In cases where there was delirium, more or less injection of the sclerotica existed, which was very different from the ordinary suffusion of the eye met with in typhus fever. It was unattended with intolerance of light, but was a bad sign which, in fatal cases, went on increasing until death. In most of these cases the pupil was contracted; but another condition of it was by no means unusual, that of perpetual oscillation wholly independent of the quantity of light falling on it, "the iris, as it were, gave the impression that it was in a state of nervous tremor, sharing in this respect with the nervous system in the same patient." This was also a bad sign.

The danger of the case was usually proportioned to the rapidity of the pulse. During the period of collapse, the pulse was usually weak and indistinct; rising in the course of eight or twelve hours to 120 or 130, and gaining in fulness. It then grew gradually weaker till about the fourth day, when, if the patients did well, it usually increased in tone

and vigor, and diminished in frequency. Extreme feebleness of pulse was a very bad sign, and an attendant on the worst cases.

We pass over the sixty pages occupied with the detail of cases, and come to Dr. Kennedy's remarks on the treatment of the affection. He usually began with the administration of an emetic, but on account of the tendency to diarrhœa, did not employ either antimony or ipecacuanha for this purpose, but mustard mixed with water. In cases, too, when there was a very high degree of fever and increased restlessness, he was accustomed to repeat the vomit, and with very good effect, for he has seen its employment followed by general calming of the system, and even by sleep. Cold and tepid ablutions, and cold affusion to the head, were frequently practised, the former moderating the heat of skin, the latter checking some of the more violent forms of maniacal excitement, which were by no means of rare occurrence. General bleeding was hardly ever admissible, and even local depletion required to be practised with much caution. Stimulants were very often employed, but there was nothing peculiar either in those he selected, or in his manner of administering them. He tried opium, though not very extensively, in three classes of cases. The first class included those instances in which typhoid symptoms appeared at an early period of the disease, and were associated with signs of great depression and weakness. Here, a full opiate at bed-time was often extremely useful, particularly in those cases in which delirium continued unabated after the other symptoms had begun to decline. Cases of the second class resembled those instances of typhus fever in which Dr. Graves has been accustomed to administer tartar emetic and opium. They were distinguished by the prominence of the head symptoms, by their early occurrence, and their not being at all mitigated by the full appearance of the eruption. Opium was very useful in some of these cases; on others, apparently, it did not exert the slightest influence. It did not effect more than a very temporary good in cases of the third class; those, namely, in which diarrhœa came on in the progress of the disease.

Anasarca is the only one of the different sequelæ of the affection of which Dr. Kennedy has treated at all at length. He met with it much more frequently during the latter than the earlier part of the epidemic. It usually appeared about the twelfth day of the disease, though occasionally it showed itself sooner, and still oftener at a later period. In those cases where it occurred, the pulse continued quick after the disappearance of the eruption, slight fever was present, and desquamation did not take place. After some days, the child would begin to complain of nausea, with vomiting occurring occasionally for two or three days, and headache of an intermittent character, with which a peculiar sluggishness of the pupils was usually associated. This state of the pupils, too, was very remarkable in some cases where a post-mortem examination failed to detect any morbid condition of the brain. After these symptoms had lasted for some days, the dropsy would begin to make its appearance, sometimes very gradually, the extremities or face being puffy on one day, and of their natural size on the day following; at other times

the anasarca came on very suddenly. In one instance it proved fatal three days, in another seven weeks elapsed from the appearance of the dropsy to the supervention of the first alarming symptoms. In those cases which assumed a serious character, either head symptoms came on, or the chest became affected, or lastly, the patient died without any organ being specially involved. The premonitory head symptoms were much the same with those of ordinary hydrocephalus, but a dilated condition of the pupils came on at a very early period, and coexisted with distinct vision. The breathing was irregular, and the pulse would often fall twenty or thirty beats, and rise again to its former frequency of about 120 in the course of forty-eight hours; always, however, becoming slow when coma or convulsions were about to occur. The cases in which death was ushered in by chest symptoms did not present anything very striking. In cases of the third class, the patients sank under the violence of the febrile symptoms, without special affection of any organ in particular.

The treatment he adopted was strictly antiphlogistic, and included the free use of purgatives, and general or local depletion whenever any cerebral or thoracic complication existed.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 14, 1844.

*Lectures on the Principles and Practice of Physic.**—In calling the attention of the profession to the elegant volume recently published by Lea & Blanchard—the lectures delivered at King's College, London, by Dr. Watson—we do not suppose any one, at all conversant with the medical literature of the day, to be unacquainted with its general character. Dr. Watson delivered these now celebrated lectures during the medical session of 1836 and '37. He says, to fulfil a rash promise, they were printed in the pages of the Medical Gazette. They have been revised by the author, who in looking after errors in type, has carefully looked to any errors in doctrine, and those who now study these erudite productions will have them divested of any objectionable matter that might have formerly crept in through inadvertence. There are ninety lectures, fully written, embracing the whole domain of human maladies, with their treatment, besides an appendix, particularly remarkable for its richness in important practical information. We could not give even a tolerable synopsis of the subjects discussed in this great undertaking, without materially entrenching upon the limits assigned to other matter. Some of the lectures are devoted exclusively to the consideration of principles, while others regard the mode of treating diseases. The causes of disease seem to be a favorite topic, which he leaves with apparent reluctance. On symptoms, which every practitioner will at once admit is all-important, and under no circumstances

* *Lectures on the Principles and Practice of Physic*, delivered at King's College, London, by Thomas Watson, M.D., &c. &c. Lea & Blanchard, Philadelphia: 1844. 8vo. pp. 920.

to be lightly examined, Dr. Watson weighs every thing in a very exact balance; and yet he does not become tedious. Upon the subject of inflammation, the hobby that is generally jaded in the service of medical writers, although examined extensively, he does not assume a dictatorial air, or act soporifically on the student. Open this huge, well-finished volume wherever we may, the eye immediately rests on something that carries its value on its front. We are impressed at once with the strength and depth of the lecturer's views: he gains upon our admiration in proportion to the extent of our acquaintance with his profound researches.

Sometimes these wholesale commentators weary us with the incessant stream of facts and arguments that come rolling on with an intellectual momentum that could only have been imparted by a mind of great power and originality. Dr. Watson, however, though he strictly belongs to the school of ponderous authors, never tires us with unnecessary wordiness. Whoever owns this book, will have an acknowledged treasure—if the combined wisdom of the highest authorities is appreciated.

Philadelphia Medical Schools—Dr. Pancoast's Introductory Lecture.—Since Philadelphia has become the great medical centre of the Union, it is pleasant to look on calmly and watch the efforts of the different schools of that city. It has been the good fortune of each, to have faculties of great intellectual strength, and consequently there are at times gigantic throes for supremacy. One circumstance, however, redounds to their special honor, viz., the harmony which exists between them. If there is ever a creaking of the machinery, the sound does not reach us in New England. It is fair to conclude, that the whole moves on with regularity, and without any internal friction that endangers the peace or extended usefulness of either school.

Having been favored with the introductory lecture of Dr. Joseph Pancoast, of the Jefferson Medical College, on opening the course of lectures on General, Descriptive and Surgical Anatomy, we were led to the foregoing observations. This discourse, published at the request of the class, is distinguished for plain common sense—and we consider it a compliment to say thus much of any literary undertaking. It is also eminently discreet in its analyses of the labors of the old and some of the modern anatomists and surgeons. Dr. Pancoast evidently understands the true value of an exact knowledge of anatomy, without which no man can safely practise any department of medicine or surgery. His arguments to fix this on the mind of the pupil are evidences of his own superior discipline and critical attainments.

Wishing the College all the advantages resulting from the wide-spreading influence of such a man as the Professor of Anatomy, we recommend the careful reading of this discourse to all who are ambitious to become both eminent and useful in the practice of medicine and surgery.

Sydenham Society.—A very strong association has been recently organized in England, with the above title, in honor of the illustrious physician whose name it bears. It was instituted for the purpose of meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of

individuals. Re-prints of standard works, rare and expensive; digests of old voluminous authors; translations from the Greek and Latin, and recent foreign productions, come within the scheme of the Society. An unlimited number of members may belong to it—whose annual subscription is to be one guinea. The anniversary meeting takes place in May, annually. Sir Henry Hallford is the president, with a host of local secretaries, sixty in number.

By referring to the advertisement of Dr. Lee, on the last page of the Journal, every essential fact in regard to the Society may be ascertained. We regard it as a most important medico-literary association, and destined to effect great and beneficial results to the onward progress of medical science. Dr. Lee, the American secretary, will attend promptly to the duties of his office, though he receives, we are informed, no pecuniary compensation for his services.

One Hundred and Ninety Cases of Insanity.—From the author, Dr. Samuel Hare, we have received a statistical report of 190 cases of insanity admitted into the Retreat, near Leeds, England, during the years from 1830 to 1840, which may also be found in the Provincial Medical Journal.

Space can hardly be afforded for anything more, at present, than to return the author our thanks for his attentions. Such parts of the report as may appear most striking, will be re-published in the form of extracts, as occasion will permit. We are not willing to admit, however, that the insane, even in England, are managed any better, more humanely, or successfully, than in the United States.

New Books.—Through the politeness of Messrs. Ticknor & Co., Washington street, who have it on sale, we have received a splendid work from Messrs. Lea & Blanchard, Philadelphia, *The Anatomy and Surgical Treatment of Abdominal Hernia*, with numerous plates, by Sir Astley Cooper.

From Messrs. Saxton & Peirce, Washington street, Magendie's *Physiology*, fifth edition, enlarged and illustrated with diagrams, by John Revere, M.D., of the University of New York. Also, from the same source, both being from the press of Harper & Brothers, New York, Paris's celebrated *Pharmacologia*, a new edition, from the 9th London edition, by Charles A. Lee, M.D., of New York. We shall particularly notice these works individually as soon as circumstances will permit.

College of Physicians and Surgeons, New York.—There has been a class of one hundred and eighty-two students attending the medical lectures the present season, and the course has been distinguished for being practically useful to all who have had the good fortune to belong to the school. Dr. Beck and Dr. Parker are men of the highest professional attainments, whose names give character to any institution with which they are associated.

Asylum for the Insane at Hudson, N. Y.—Drs. S. and G. H. White have had a private asylum under their charge at Hudson, since 1830, into

which 594 patients have been received, a large proportion of whom have recovered. It is stated that all the *recent* cases during the last year were restored. Twenty-eight patients now remain under treatment. By a law of the State of New York, it is required that in certain cases lunatics shall be sent, within ten days, to the State Lunatic Asylum, or to such public or private asylum as shall be approved by the Supervisors of the County. This Asylum was accordingly visited, in November last, by the Supervisors, who report that it is in all respects a desirable residence for the insane, and "as well worthy the patronage and confidence of the county and the community as any institution."

Pulse of the Insane.—On the subject of the pulse of the insane, to which allusion was made in a recent No. of the Journal, Dr. Woodward, of the Worcester Lunatic Asylum, writes at follows:

"In the month of January my attention was called to the subject of the pulse of the insane. I examined, by the watch, the pulse of 216 insane persons, mostly chronic cases, some of extreme imbecility of body and mind, a few recent cases only. One hundred and ten of these cases were males, and 106 females. The average of the pulse, with the males, was a fraction less than 71; and that of the females was near 72.

"The pulse of persons affected with recent mania is usually accelerated, even when quiet; and often greatly so, when they have been exerting themselves in violent efforts or exercise of any kind. In recent melancholy, where there is much mental distress, the pulse is frequent, though rarely strong. The pulse in mania is deceptive, and often leads physicians to deplete freely, when depletion does harm rather than good. Old demented patients have frequently a very slow pulse. I found a few of the 216 with pulse under 50, and some from 90 to 100. As a test of insanity, the state of the pulse cannot be relied upon; as a guide to the application of remedies, it should be carefully examined when the patient is at rest, and that repeatedly, before its indications can be well ascertained."

Note to the Editor—Anatomical Mistake.—DEAR SIR,—In perusing your Journal of Feb. 1st, which came to hand this evening, I perceive that I am indebted to A. Gibson, for noticing an anatomical blunder in my communication of Dec. 30, 1843, for which the Dr. will receive my warmest thanks. The error committed by using one term for that of another, is truly, in this instance, a laughable one; but one, I trust, that will be easily imagined, by all who are intimately acquainted with the anatomy of the parts immediately concerned in the operation for inguinal hernia in the different sexes.

I can hardly conceive it necessary for me to refer to the "2nd item" noticed by my friend, for I think the superficial reader, even, would perceive the typographic mistake, and not understand me as saying that I removed the *whole* of the mesentery, or the *whole* of the *omentum*; but the *whole* of that part of the *omentum* which I found filling the canal, and which was confined by adhesion, and which adhesion I resolved should remain unbroken.

The last sentence in Dr. Gibson's communication I consider *ungentlemanly* and *uncourteous*, and shall not, therefore, further notice it.

West Amesbury, Feb. 3d, 1844.

Yours truly, BENJ. ATKINSON.

[We presume that Dr. A. means, by "typographic mistake," in the

above note, a variation of the printed matter from what he *meant* to write, and not a variation from what he actually did write, for in the latter sense there was certainly no typographical mistake made.—ED.]

Popular Physiology.—MR. EDITOR,—In a few remarks upon Dr. Lane's Physiology which you appended to your own in the Journal of the 1st inst., I had no design of instituting a comparison of its merits with others, which have preceded it. Having never before had occasion to look into a work of this description, I was not aware that any other had been published on a similar plan, that the field was so ably occupied, that a work on physiology was some years ago very carefully and judiciously prepared by Dr. Hayward, of this city, which has been adopted as a textbook in many academies in our own neighborhood and elsewhere. The fact that after passing through several editions, it has been stereotyped, is sufficient, independently of its internal evidence, to show that it is adapted fully to meet the wants of the young. From both these works, so nearly corresponding in their general features, and so well arranged, great good may be anticipated to the community. J. H. D.

Boston, Feb. 7th, 1844.

TO CORRESPONDENTS.—Dr. Dix's paper on Hydrocyanic acid in Ophthalmic Practice, and Dr. Stevens's case of instrumental delivery, will appear next week.—No. 2 of "The White Sulphur Springs," by Dr. Moorman, will have insertion in the succeeding No.

MARRIED.—In Geneva, N. Y., Dr. H. Van Dusen, of Tully, to Mrs. Margaret A. Mann, of Syracuse; Charles S. Duncombe, M.D., of St. Thomas, Canada West, to Miss Susan A. Barker, of Geneva.—W. S. Bright, M.D., of Northumberland county, Penn., to Margaret B. Keller.—In Northampton county, N. C., Dr. William Reins to Miss Ann Eliza Elridge.

Number of deaths in Boston for the week ending Feb. 10, 46.—Males, 20—Females, 26. Stillborn, 1.

Of consumption, 10—erysipelas, 2—lung fever, 4—fever, 1—measles, 3—croup, 2—disease of the lungs, 1—inflammation of the brain, 1—infantile, 2—dropsy, 1—old age, 2—disease of the heart, 1—palsy, 1—accidental, 1—scarlet fever, 2—cancer in the breast, 1—liver complaint, 1—child-bed, 1—sudden, 1—hemorrhage, 1—worm fever, 1—dropsy on the brain, 1—marasmus, 1—puerperal peritonitis, 1.

Under 5 years, 13—between 5 and 20 years, 5—between 20 and 60 years, 21—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Jan.	Therm.	Barometer.	Wind.	Jan.	Therm.	Barometer.	Wind.
1	from 24 to 33	from 29.36 to 29.43	N W	17	from 34 to 46	from 28.35 to 28.90	N E
2	23 45	29.48 29.53	N W	18	25 31	28.94 29.18	W
3	26 33	28.98 29.41	N E	19	17 20	29.42 29.52	N W
4	30 33	28.83 28.66	S W	20	-1 8	29.60 29.68	N W
5	13 15	29.16 29.32	N W	21	-3 12	29.58 29.60	N W
6	12 26	29.50 29.58	N W	22	6 25	29.56 29.69	N W
7	18 33	28.13 29.41	S W	23	16 38	29.06 29.49	S W
8	14 21	29.28 29.48	N W	24	34 42	29.03 29.05	S W
9	-6 15	29.49 29.63	N W	25	7 15	29.02 29.06	N W
10	13 31	29.16 29.28	N W	26	-6 3	29.14 29.22	N W
11	4 17	29.74 29.81	N W	27	-6 7	29.41 29.48	N W
12	0 25	29.41 29.63	S W	28	-3 20	29.58 29.63	N W
13	38 40	28.51 29.63	W	29	-2 4	29.44 29.48	N W
14	17 24	29.50 29.56	N W	30	-7 8	29.20 29.30	N W
15	3 36	29.68 29.74	N W	31	-2 2	29.32 29.45	N W
16	21 35	29.26 29.55	N E				

The month of January has been cold, but fine winter weather—the sleighing has been excellent. There has been quite a number of cold days; on Tuesday, the 9th, the thermometer was at 6 below at sunrise; on the six last days of the month, the thermometer was below cypher every morning, and sunk as low as 8 below; on Friday, Saturday and Sunday it stood at 6 below at six o'clock; Friday, Monday and Wednesday, from 8 below to 4 above. It was the coldest week I have ever recorded. Range of the Thermometer, from 8 below to 45 above zero. Barometer, from 28.35 to 29.74. Amount of rain, 3.14 inches. Snow, 13.5 inches.

Remarkable Case of Calculus.—M. Ségalas lately communicated a case to the Academy of Medicine, which tends to show that at present the difficulties of lithotripsy are not so much mechanical ones, as difficulties resulting from the complications of the calculous disease.

The head of a respectable family came to Paris, four years ago, to seek advice for hematuria and some other affections of the urinary passages.

M. Récamier, who was first consulted, sounded, to see if there was a stone in the bladder; but instead of a stone he found a fungus. A few days afterwards, M. Ségalas made the same examination with the same result. In consequence of this, medical means alone were employed, and the patient went home, and continued to live there, with nearly the same symptoms. After some time, however, the hematuria, which had hitherto appeared as much when the patient was at rest as under other circumstances, began to come on more especially after exercise, just as if some foreign body had been added to the fungus. The calls to make water became more and more frequent, the pain more and more acute, so that the patient resolved to return to Paris to seek for surgical aid.

M. Ségalas ascertained, by sounding, the presence of a stone in the bladder, and after some days' preparation, considering the good constitution of the patient, and his extreme repugnance to lithotomy, he performed a first *séance* of lithotripsy, in the presence of M. Gouraud, the physician who usually attended him. It was very easy, very short, and but little painful. For some time, matters went on perfectly well; but on the sixth day, when straining at stool, the patient was attacked with apoplectic symptoms. These were at first encountered with some appearance of success by MM. Récamier and Gouraud, but they afterwards grew worse, and death took place a week after the attack.

Post-mortem appearances.—The bladder, which was hypertrophied, contained a fungus as large as a walnut, and a heart-shaped stone nearly as big as a hen's egg. This calculus was divided into two large pieces and several small ones. The kidneys were inflamed, particularly the left one, and there was granulated pus upon their surface. There was an extravasation of blood in the right hemisphere of the brain, at the union of the posterior third with the two anterior thirds, besides an hydatid cyst in the corresponding ventricle.

Thus it was possible to begin the operation of lithotripsy without difficulty, in spite of the size of the stone, in spite of the presence of a fungus; but even putting aside the apoplexy which carried off the patient, the complications of the calculous disease were of themselves beyond the reach of art.—*Gazette Médicale*.

New Medical Books in London.—An Anatomical Description of the Human Gravid Uterus and its Contents. By the late Dr. William Hunter. Second Edition.—The Medical Student's Guide and Almanac for 1844.—Vols. 1 and 2, and Part 9, of a Dictionary of Practical Medicine. By James Copland, M.D., F.R.S., &c. To be completed in three volumes.—On Ankylosis, or Stiff-Joint: a Practical Treatise on the Contractions and Deformities resulting from Diseases of Joints. By W. J. Little, M.D., Assistant-Physician to London Hospital, &c. &c.; Author of "A Treatise on Club-Foot."—A Practical Treatise on Fractures. By Edward F. Lonsdale, Surgeon.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, FEBRUARY 21, 1844.

No. 3.

HYDROCYANIC ACID IN OPHTHALMIC PRACTICE.

By John H. Dix, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SOME two years since, the use of hydrocyanic acid in the form of vapor was very earnestly recommended in many of the British medical and popular journals, as eminently beneficial in various diseases of the eye, both of the internal and external textures. Without expecting to find in hydrocyanic acid a specific, or to obtain by it the brilliant success which had attended its application abroad in nearly all the organic and functional diseases of the eye, I was still encouraged to hope, that it might be a very effective and decided agent in some, and accordingly commenced the employment of it in those to which it seemed most appropriate.

Although the result has in general fallen far below these very moderate expectations, as the remedy did in a few cases apparently benefit, a brief statement of the issue of these experiments may be serviceable in giving to hydrocyanic acid its true value in ophthalmic practice, and in adding another to the many illustrations of the disgraceful facility or injudicious haste with which the scientific organs of the profession burden their pages with extravagant and unproved assertions. The statement shall be brief; for to give to the readers of a respectable medical journal anything like a detailed account of a series of cases mostly unsuccessful, would be to outrage the long-established proprieties of those publications.

For several months, from May 2d, 1842, I often prescribed the vapor of hydrocyanic acid for cases in which any local stimulant was indicated, and have continued to do so, though less frequently, to the present time. In several cases, in which the chance of benefit from any treatment was so small that no notes were taken of them, it was directed at the request of the patient. As nothing has been heard from any of these in evidence that their hopes were realized, it is fair to suppose that they were not. It was used in some cases, the favorable result of which seemed to me owing probably to other means employed in common with it, or to a spontaneous effort of nature. Of some, of which notes were taken, the result is not known to me.

Setting aside these, I have now notes of thirty cases in which the effect of the vapor of hydrocyanic acid was thoroughly tested.

Opacities of Cornea.—In the six cases of interstitial opacity, commonly called leucoma, or albugo, no benefit was experienced, except that in two cases a partial clearing of the margin of the opacities took place, where probably the opacity was less dense. One of the two cases, the one in which the improvement was most decided, was of only three months' duration, and had not before been subjected to any local stimulant. One of these six cases was subsequently improved in some degree by alternate application of strong ointment of nitrate of silver and red precipitate; and another, of more recent date, was very essentially benefited by an increased vigor of the system consequent on a change of air and greater freedom of exercise out of doors, than had been previously enjoyed.

Deposite of Lymph either in the Pupil, or between the margin of the Iris and the Lens, sometimes called false Cataract.—In two cases of this description the vapor was most perseveringly used, but without the least benefit. In one of them a very sensible absorption of the lymph and enlargement of the pupil has since taken place in one eye, under the influence of alteratives (principally iodine) aided by counter-irritants and dilatants.

Cataract.—In four cases of lenticular, two of which were recent, affecting one eye only, and in one of capsulo-lenticular cataract, no effect was produced in arresting the disease, although in one case the patient, after applying the vapor, always experienced great relief from a deep-seated pain which accompanies the disease, and she continues to the present time the use of it. In two of these cases a trifling temporary improvement of vision often followed the application, probably owing to a dilatation of the pupil. In one case of a small central opacity of the capsule, of at least twelve years' standing, and probably congenital, no effect, after two months' use, was perceptible on the opacity. In this case no dilatation of the pupil resulted.

In one case of traumatic cataract, and in another upon which the operation of division had been performed, the vapor was applied at several different periods for from four to six days at a time, without any sensible hastening of the process of absorption, which in the first case was completed in four months, and in the second in a little more than two.

Amaurosis.—In two cases of complete amaurosis, both of which had been previously subjected (by another practitioner) to a very energetic and appropriate treatment, the vapor was of no avail. In one of these persons, both eyes were blind; the disease, though for only eight months complete, had been progressing for four years, the pupils somewhat sluggish, and the general health impaired. Of the other, the right eye only was diseased, but the pupil is perfectly immovable, and on exposing the eye directly to the full beams of the sun, which is attended with no discomfort to the patient, the fundus of the eye presents a straw-colored surface, upon which branches of the arteria centralis retinae are visible.

Ten cases of incipient or incomplete amaurosis were subjected to the

vapor, with no appreciable effect, except in two cases. In these two cases the prominent symptom of the affection was *muscæ volitantes*, but before proceeding to the more circumstantial notice of these, the only cases in which I have been assured of any beneficial effect, it should be mentioned that *muscæ* were also present in five of the remaining eight cases.

Dec. 3, 1842.—Miss R., æt. 20, of Roxbury, had two years ago typhus fever, during the progress of which the prominent symptom was pain in the forehead and eyes. She recovered from the fever, but soon became dyspeptic and occasionally suffered from headache and suppression of the catamenia. About three months after the access of the dyspepsia, she observed often, floating in the air, dark or semi-transparent motes, principally in the form of rings, but some of an irregular spiral form. These *muscæ* are variable in distinctness and number, but always increased by excitement or fatigue, bodily or mental. She can read and sew with perfect ease for a half or three quarters of an hour, and without perceiving the *muscæ*, but is always annoyed by them when exercising out of doors. Iris hazel, pupil active.

Miss R.'s health has recently much improved, but, as she thinks, without any amendment of her eyes, although two months ago, after taking for three weeks a chalybeate preparation, the *muscæ* were less frequent and troublesome. Cold shower bath and friction with flesh brush daily. Vapor of hydrocyanic acid twice daily.

Dec. 8th.—*Muscæ* considerably abated, as Miss R. believes through the agency of the vapor, immediately after using which, she now rarely sees them, and when they do appear they are smaller and not so well defined.

The vapor was continued for five weeks, during which her health became confirmed. The *muscæ* were still visible after any considerable muscular effort, but on the whole much less offensive. Soon afterwards Miss R. removed westward, and I know nothing further of the case.

April 11th, 1843.—Miss D., æt 29, of Boston, about ten days ago, having felt during the day somewhat indisposed, just after eating her supper fainted. A headache succeeded, not severe, and affecting equally all parts of the head. This headache lasted two days, and on the third, that is, a week ago, she found the vision of the right eye obscured as by a cloud drawn over it, and numerous dark *muscæ volitantes*, fixed and of various forms, which she cannot describe. She can see with this eye to read for a short time, but in sewing coarse white cloth the texture becomes gradually intersected with black threads. She has occasionally, about once or twice in a day, seen a bright luminous spot, about a quarter of an inch in diameter and twinkling like a star. Iris gray, pupils active. Her health is not very good. She is troubled with constipation, and has for some four or five years been affected with an erethetic nervous deafness of both ears. R. Pil. cochæ, grs. xij; hyd. submur., grs. vj.; antim. tart., grs. ij. M. et fit. pilul. no. iij. to-night. Plain vegetable and farinaceous diet.

April 14th.—Head feels relieved, but vision as before. Hydrocyanic acid vapor for five minutes daily.

17th.—Miss D. has used the vapor for the last three days, twice a day, as she thinks with decided advantage. Although objects are still indistinct to this eye, the *muscæ volitantes* have nearly disappeared, only one or two being visible after applying the right eye for fifteen or twenty minutes to a white surface.

In the course of ten days she had wholly recovered.

In these two cases there can be no reasonable doubt of the beneficial influences of this vapor, but in similar cases we often meet with equally strong evidences of the usefulness of the vapors of ammonia, acetous and sulphuric ether, &c.

Hemeralopia, or Night Blindness.—In two cases, both of which ultimately recovered, the vapor was used with no effect.

To conclude, the vapor of hydrocyanic acid, though a convenient and in some cases effective agent, does not possess any specific virtues distinguishing it from other remedies of the same class.

It has been stated to be at once sedative and stimulant, and therefore appropriate to some inflammatory cases, in which other stimulants are not admissible. It is not so. Vascularity of the conjunctiva or other textures is as certainly enhanced by this, as by any other equally stimulant vapor; and for opacities of the cornea, either with or without vascularity, the hydrocyanic acid may be used as effectively and more conveniently in the form of a collyrium, the strength of which may vary from ten to thirty drops of the acid to aquæ dist. ʒj . In my own practice, I now direct the vapor only in amaurosis, or other neurotic cases. The only ground upon which the recent exaggerated estimate of its virtues can have rested, is its feeble power of dilating the pupil, an effect which is by no means uniformly produced, and not to be relied on for any practical purposes.

A wide-mouthed vial, made to fit the orbit, will be found convenient in applying it. It may be applied from one to three times daily, and for one, two or three minutes at a time, or until a slight feeling of warmth is experienced. If it is to be long continued, the lids should be smeared, whenever it is used, with cream or ung. aquæ rosæ, to prevent a swollen oedematous condition of the edges, which is often produced by it.

Boston, December 27th, 1843.

INSTRUMENTAL DELIVERY—SINGULAR DEFORMITY OF THE FŒTUS.

To the Editor of the Boston Medical and Surgical Journal.

THE following case has been thought, by many to whom it has been related, worthy to be reported, and if you deem it so, it is at your service.

Mrs. H. was taken with labor pains, about noon, on Saturday, March 26. A midwife called at 3 o'clock, P. M. Finding an unusual presentation, she waited three hours "to see if nature would not work a change," as she expressed and excused herself. At 6 o'clock, P. M., Dr. S. B.

Thayer was called. As nearly as could be ascertained through the membranes, he judged that the breast presented; waiting until these should be ruptured, the labor so far proceeding pleasantly, at midnight he found that the neck presented anteriorly. Without much difficulty and force, during the absence of pain, the head could be brought down in the third position of Dewees, but could not be retained during the expulsive efforts of the uterus. Three hours were consumed in fruitless effort to retain the head in the proper position to pass the superior strait. At 4 o'clock, of Sabbath morning, I was called as counsel. After hearing the history of the case, I advised that examination be made to ascertain if the artery of the funis was still beating, and if it was, to attempt the delivery by turning. Dr. T., on reaching the cord, found all pulsation had ceased, and the uterus too much contracted to turn, if the child was still living. We now deemed the use of the perforator warranted. Friends were willing. Patient in good strength and courage. Some degree of rigidity of the soft parts, and preternatural heat, being present, we bled one pound, and gave the patient an hour to rest. At 8 o'clock, with extreme difficulty, we brought the head down in the third position, and on careful examination found it to be of large size. The sutures solid, and the fontanelles entirely closed. By means of the crotchet we could retain the head in the position to which it was brought down. Inserting the knife between the parietal bones, at the posterior fontanelle, the sagittal suture was followed down to the coronal, and the latter to the right and left temporal bones. A large portion of the right parietal was detached and taken away. The head still offering too large a bulk to pass the superior strait, it was emptied of the brain, and suffered to assume its former position within the pelvis. The crotchet was then hooked in the position of the anterior fontanelle, and by a little manipulation the head was brought down in the first position; but, though we assisted the expulsive efforts of the uterus with as much force as we deemed prudent for the safety of our patient, we could not succeed in effecting delivery, owing to swelling of the soft parts; indeed, it was with some difficulty that three fingers could be inserted into the vagina. This tumefaction was unavoidable from the use of the instruments and her long sufferings. At this time, 1 o'clock, P.M., patient began to despair, and friends were alarmed for her safety. Immediately we administered anodynes, and bled to delirium animi (32 oz.) and smeared the vulva and vagina with ungt. belladonna. Examined again at 2 o'clock, and found labor progressing; at half past 2, child born; at 3, placenta followed; and at 4 o'clock, woman put to bed.

We then proceeded to examine the child. Found that the head had been one entire bony sphere, of very large size (not having any means present we did not measure), too large to pass any pelvis we had ever seen. The face, owing to contraction of the posterior muscles of the neck, looked directly backwards; the occiput lying between the scapulæ, and forcing the spine forwards. So rigid were these posterior muscles, that on forcing the head forwards, so that the chin should touch the breast, a considerable degree of force was necessary—and on this being suddenly

removed, the head would fly back and resume its former position. Both tibia were much curved, and the feet and toes drawn close up against them. Otherwise the child was well formed and favored. Weight, *sans* blood and brain, 8½ pounds.

I may remark, that during the eighth month I had attended upon her for a congestive inflammation of the lungs; and the month previous for aphonia, arising from irritation of the 1st, 2d and 3d cervical nerves.

Query.—Was this a case of opisthotonos? or permanent contraction of the muscles affected? The venerable Dr. E. A. Atlee thinks the latter. Could the irritation of the cervical nerves of the mother have affected the fœtus? I will add, in conclusion, that the patient complained for a few days of lameness of the pelvis on changing her position, but had as good a “getting up” as from any of her nine previous labors.

Yours truly,

Climax Prairie, Mich., Jan. 24th, 1844.

R. P. STEVENS.

NEW DISCOVERIES IN PHYSIOLOGY, PATHOLOGY, &c.

[Communicated for the Boston Medical and Surgical Journal.]

Justice Shal'ow.—It is well said, in faith, sir; and it is well said, indeed, too. Better accommodated!—it is good; yea, indeed, it is: good phrases are surely, and ever were, very commendable. Accommodated!—it comes from *accommodo*: very good; a good phrase.

Bardolph.—Pardon me, Sir; I have heard the word. Phrase call you it? By this good day, I know not the phrase; but I will maintain the word with my sword, to be a soldier-like word, and a word of exceeding good command. Accommodated; that is, when a man is, as they say, accommodated: or, when a man is—being—whereby—he may be thought to be accommodated; which is an excellent thing.—*King Henry IV., Part 2, Act III., Scene II.*

SUCH was the reasoning, and such the philosophy, of two ancient sages, or rather one a sage and the other a soldier, upon a certain discovery which the latter had made, touching a subject—not exactly medical, but somewhat practical in its nature, and which had, no doubt, puzzled the brain of many a casuist.

Mr. Editor, in reviewing the pages of the Journal of the past year, we are particularly struck with the philosophical disquisitions of some of your learned contributors, which stand out in bold relief by their originality; and remind us of the cogitations of the distinguished worthies of antiquity above quoted. And, first, let us take a glance at one on the philosophy of *animal heat*.

Proposition.—“It is upon this law that the philosophy of animal heat is founded, viz., the different capacities of matter for heat, and the constant consolidation of fluids to solids during nutrition.”

Proof.—“I recollect of reading an anecdote in your Journal (the No. I do not recollect) of a young lad who was kept upon a diminished quantity of food for some weeks; the consequence of which was, a continued sense of cold. And this is why the aged person never wishes to leave his fire-side, especially to be exposed to the chill of winter. He has passed his active days, his habits are sedentary, the waste is small, and consequently a diminished nutrition.” Again, “this position is proved by the process of inflammation. Put a thermometer in the lungs,

another in the arteries and veins, and another in the inflamed part; the latter will rise several degrees higher than either of the others."—*Boston Medical and Surgical Journal*, Vol. XXVIII., p. 518 *et seq.*

The author does not inform us whether he has actually tried this latter experiment himself, or taken it upon "trust." It is presumed, however, that he is satisfied of the fact. Here, then, Mr. Editor, you have the crack discovery in modern philosophy in a nut shell. The great problem of animal heat, which has puzzled the brains of chemists and physiologists, is indeed solved! Good phrases are surely, and ever were, very commendable. It seems, that, your learned correspondent, not being satisfied with existing theories upon this subject, set about the investigation of it himself; and, truly, he has demolished all before him. He very frankly acknowledges, however, that "Messrs. Blake, Davie and Crawford have all showed much talent in *writing*," but all to no purpose. For, according to his account of them, they have, "in their eagerness to establish their own plans," followed the example of the Kilkenny cats, and if not actually eaten *each other*, at least devoured each other's theories; so that not one now remains worthy of "trust."

Our author despatches the "modern philosophers" quite as summarily as he does their predecessors. He says, "they dare not (or do not) commit themselves." Probably they became alarmed from hearing such an awful cat-o-wawling among their seniors. But they have the honesty to confess that the field lies open to the exploration of some fortunate adventurer like our author. Who these "modern philosophers" are, that have been so frightened out of their propriety, we are left to conjecture. We had supposed, indeed, that the researches of Edwards and Liebig, not to name others, had thrown some light upon this subject, and that important principles had been established by them; at least that they were deserving of respectful consideration; but our author informs us (perhaps the names of these gentlemen have not reached him), that "modern systems have all exploded;" vanished into thin air! and the glimmerings of such rush lights as these, if not actually extinguished, are totally eclipsed by the coruscations which flash down upon us from this *blazing star* which has so suddenly appeared.

But we must not dwell longer upon this head. Another philosopher, equally distinguished, the light of whose genius has just shot up like a meteor from the opposite point of the horizon, is entitled to what remains of our time and space. We come, then, by an easy transition, to the philosophy of *bloodletting*.

"How many are the disorders that require the subtraction of blood! For in all the diseases embraced within these wide limits, when we reduce the quantity of blood in the disturbed vessels, the result is good. [It is good, indeed, sir.] The vessels then have an opportunity to contract, the size of their diameter is diminished by taking from them this superabundance, so that the circulating system becomes stimulated, and they take on healthy action; consequently the plethora or inflammation is entirely overcome."

Again, *hemorrhages* require abstraction of blood. "Does not nature,

indeed, imitate the curative process, when she allows the effusion of blood for the relief of this abnormal action? But because she *does*, we are not to rest the case in her hands; but to bring the aid of our art, and storm the enemy with united forces. In nine cases out of ten we shall be the victors, if we do this in incipient attacks."—*Ibid*, Vol. XXIX., p. 399, *et seq.*

This is magnanimous! Were *Lieutenant Bardolph extant*, he would maintain it by his sword to be soldier-like, and of exceeding good command.

From experience, however, our author has learned, that the "subtraction of blood" may sometimes be injurious, as the following very graphic description will show, most conclusively. *Case*.—"August 25, 1840. Miss N., aged 20, has been ill for some time. I was invited to see her by her physician to-day. She is now laboring under hysteria. A white coat covers her tongue, skin hot and dry, pulse 100. She was immediately bled $\frac{3}{4}$ x. Her mind soon became clear (she was delirious before), and was free from pain." *Note*.—"Her pulse fell to 90, though its quickness did not abate." The attending doctor was called again in six hours, and found the patient "quite insensible" and every way worse.—*Vide Idem.*, p. 401.

Now, Mr. Editor, is not this a *caution*? Your readers never need be at a loss when to "*subtract*" blood. The whole concern, as Sam Weller would say, is explained in less than no time. We have nothing to do, Sir, but bleed from a large orifice in the erect position; our author "thinks it furnishes a good diagnosis, enabling one to decide whether the disease is inflammatory, or irritative;" and if syncope come on before five ounces of blood be lost, it "proves at once the nature of the disease." It is "*one in toto forbidding depletion.*"

Why, Sir, the thing is proved to a demonstration. It is no more to be carpied at; it is done upon instinct; and is as plain as the spectacles on a man's nose. When the principles established by our author become known to the profession generally, what a quaking there will be among the dry bones of all preceding sanguineo-pathologists! Will not Marshall Hall, Magendie, and all such experimenters, be glad to hide their diminished heads, and slink away into everlasting obscurity before the light of this genius? as the chemico-physiologists have been before the blaze of that of his cotemporary upon animal heat. Indeed, Sir, we live in a blaze of glory! But we crave your pardon, Sir; we have already exceeded our limits. Perhaps, with your permission, we may, on another occasion, notice some other lesser lights which ever and anon emit bright scintillations of genius through your pages.

In conclusion, Mr. Editor, we know not which is the more fortunate, the authors of these great discoveries, or the Journal through the medium of whose pages they have been communicated to the world. Among your country subscribers, different opinions are entertained.

Worcester, January 29, 1844.

X. X.

P. S.—We have been so much overwhelmed by the originality and

magnificence of the thoughts contained in these productions, that we have not stopped to admire the beauties of the Queen's English displayed in them.

PES EQUINO-VARUS ACQUISITUS,

SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INSTITUTION.

[Communicated for the Boston Medical and Surg. Journal.]

SEPT. 30, 1841. John Kilby, Esq., of Dennysville, Maine, placed his son, a lad about 13 years old, at the Institution. The following account of the case and treatment is copied from my Note Book. This lad has not walked without a crutch for many years. The left knee is contracted to an angle of 30 degrees, beyond which it cannot be extended. The foot on the same side is more deformed than any one I have met with. If it was separated from the leg, and the toes broken off, no one would suspect what it was, or for what purpose it was made. When the anterior part of the foot is placed upon the ground, the heel is elevated four inches. The anterior part of the foot is twisted inwards, in a very unusual manner. The astragalus is very prominent, being subluxated upward and outward. There is no motion in the ankle-joint. The cuboidal extremity of the metatarsal bone of the little toe projects outward to a very unusual degree. All the metatarsal bones oblique inwards. The sole of the foot looks upwards, the foot being turned nearly upside down. The toes are turned back, so as to be nearly in contact with what ought to be the top of the foot. The little toe presses back against the metatarsal bone of the toe next it. There is a thickening of the integuments on the outside of the little toe and the upper side of the metatarsal bones of the toes next it, marking the point on which the body rests, when the foot was placed on the floor.

This day, Sept. 30, divided the tendon of Achillis and the flexor longus policis pedis. There was not a drop of blood. My son, Buckminster Brown, was present, and aided me in this, as in all the subsequent operations on this foot and leg.

It would be tedious, and is unnecessary, to go through with a long, detailed, daily record of the treatment of this case. Suffice it to say, that the tendon of Achillis was divided five times; the long flexors in the sole of the foot, three times; the abductor policis pedis, twice; the plantar fascia, the biceps flexor cruris, the semitendinosus, and the semimembranosus, each once.

The apparatus for leg and foot, used at this Institution, were applied to this case. It was not until after the fourth division of the tendon of Achillis, that I was able to reduce the subluxated astragalus. I could then with my thumbs press it into its place, and even make an *indentation* where the greatest prominence had existed; but this bone had been so pinched and wedged in, that it was not sufficiently developed to fill the space nature designed for it. It was difficult to retain it in place. By

perseverance, however, the foot and leg were brought to the state of perfection represented in fig. 2.

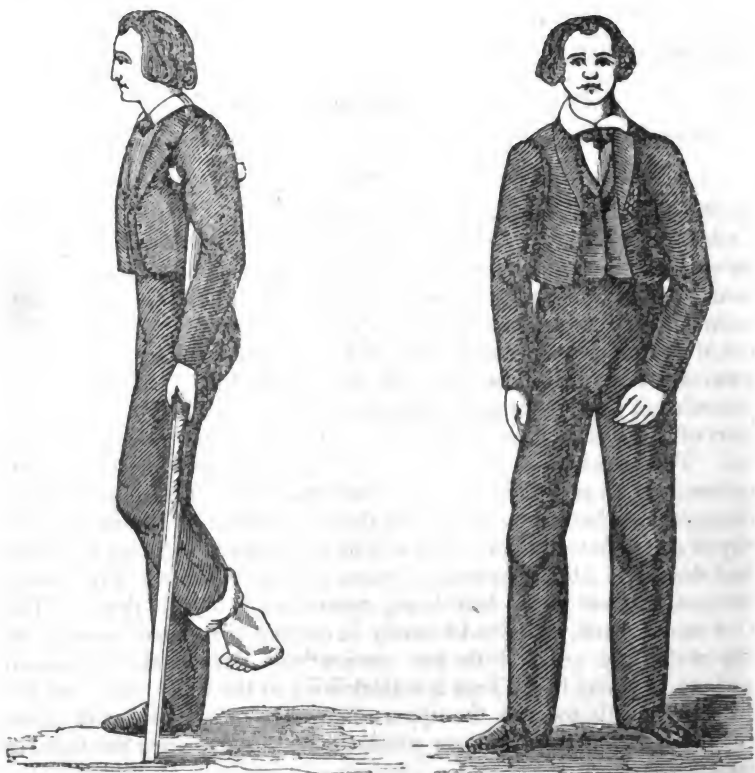


Fig. 1 represents the foot and leg as they were when the lad came to the Institution.

Fig. 2 represents them as they were when he left.

FOREIGN BODIES IN THE NOSE AND EAR.

From Sir Benjamin O. Brodie's Lectures at St. George's Hospital.

Two or three years ago I was consulted concerning a young person, a female, who had some complaint in her nostrils. There was a putrid discharge from them, and those symptoms were present which usually indicate the presence of diseased or dead bone of the nostrils; and presuming that this was the nature of the case I prescribed sarsaparilla, and treated her accordingly. This complaint had been going on since she was quite a child, and when I saw her she was eleven or twelve years of age. Not long ago, in blowing her nose, something came out of her nostrils—a large solid substance. Her family thought that this was the

piece of dead bone which was expected to appear, and it was sent to me; but, on examining it, I found that it was not bone, nor had it the appearance of ever having been organized. It was convex on one side and concave on the other, and seemed to have been formed upon a nucleus. Dr. Prout was good enough to examine it chemically, and he found it to consist of dry mucus, with phosphate of lime, such as is secreted by an inflamed mucous membrane. The mucous membrane of the nose, like that of the bladder, will, when irritated, secrete phosphate of lime. I was led, from this, to conclude that, originally, some foreign substance had been introduced into the nose, and if it were a round body this would account for the concavity on one side of the concretion. Here was a case in which there was great reason to believe that some foreign body had been introduced into the nostrils, and had remained there for years, producing all the symptoms usually arising from diseased bone.

A little boy was brought to me a few years ago, with a putrid discharge from the nostrils. There, also, I thought that there was a piece of diseased bone. On looking into the nostril, however, I perceived, at the upper part, something rather larger than a piece of dead bone might be supposed to present. I took hold of it with the forceps, and, on removing it, found it was a tamarind-stone which the boy had thrust into the nostrils a year or two before, no one knowing anything of it. In each of these cases, when the foreign body was taken away the symptoms subsided.

Another patient was brought to me supposed to have diseased bone in the nose—a little girl in whom there had been a putrid discharge for two or three years. There I could see nothing, but, from the symptoms, I concluded that disease was going on in the bone. I prescribed for this patient sarsaparilla, and one morning something was blown out of the nose. It was brought to me, and I discovered that it was a piece of sponge that had stuck in the nostril, and was now filled with mucus, and, I suppose, some phosphate of lime. As no one knew the history of the case, I suppose that the child must have thrust it in herself. It is not very uncommon for children to get foreign bodies into their nostrils, and these cases show that you may be led into great error by supposing that there is diseased bone when there is none at all.

In two of these cases the foreign body was blown out—came away spontaneously; and in the case of the tamarind-stone I removed it very easily with the forceps. Other means, however, may be adopted for removing these foreign bodies. A child was brought to me who had got a glass bead into the nostril, and it was known that it was there. I tried to take hold of it with the forceps, but they slipped over its smooth surface. I then introduced a probe, bent in a peculiar manner, which, getting behind the bead, pulled it out.

Foreign bodies may get into the external meatus of the ear. A child was brought to me who had got a broken piece of slate pencil, about half an inch in length, in the meatus. You might suppose it an easy matter to get a foreign body out of the external meatus of the ear, that part being so much more in sight than the nostril. But it is often very

difficult, and for this reason : in the nose you may poke with the forceps, and do no harm. I have already stated what great manipulations the nostril will bear. But what will happen if you poke with the forceps in the ear? A child was brought to this Hospital with a pea in the ear. A great many attempts had been made to remove it prior to the child being brought here. The pea was then out of sight, and the child had very alarming symptoms of inflammation of the brain. The little patient died ; and it was found that in attempting to extract the pea, the membrana tympani had been destroyed. The injudicious poking of the tympanum with the forceps had caused inflammation of the bone of the tympanum, and a separation between it and the dura mater, so that the child died in consequence of the rude introduction of the forceps into the ear. Indeed, it is a very difficult thing to extract a foreign body from the ear with forceps, and if you attempt it you must proceed with the greatest caution. I have, however, extricated foreign bodies from the ear with a narrow pair of forceps, by letting the rays of the sun shine into the meatus, and then introducing the forceps, so that one blade came upon each side of the foreign body. But if you attempt it without the rays of the sun shining into the ear, and using your eyes carefully, and your hands slowly and attentively, nothing is more easy than to drive the body against the membrana tympani, break the latter, and push the body into the tympanum. I do not say that you are not to extract foreign bodies from the ear with forceps, but you must do it with the greatest care ; for the want of care may lead to the destruction of the patient. But I have more frequently succeeded in these cases by other means. I stated that a child was brought to me with a piece of slate pencil in the ear. I placed the child opposite the light, and injected some tepid water into the ear with a syringe. There was room for the water to penetrate into the meatus, and as it came back it washed out the slate pencil. There was a case brought into the Hospital in which there was some foreign body—I believe a pea—in the external meatus. I tried all sorts of methods to get it out. I could not use the forceps, and it nearly filled up the meatus, so that either water could not pass behind it, or it was so jammed that the water injected by the syringe would not wash it out. I said, “let it alone, let it remain there, the pea, in all probability, will dry and waste of itself, and then it will come out, or when it is rotten it may be washed away with a syringe ; but I will not make any further efforts to remove it now ; for I may drive it into the tympanum and kill the patient.” In one case, where a foreign body had got into the ear, I extracted it, like the glass bead, with a bent probe, which I introduced very carefully behind it.

DEATH CAUSED BY GIVING AN ENEMA.

[WE find the following in the last number of the St. Louis Medical and Surgical Journal. From the indefinite manner in which original communications are distinguished in that journal, we are in doubt whether

this is copied from some foreign periodical, or whether the occurrences referred to happened in St. Louis. We suppose, however, the latter to be the case. It purports to be written by C. A. Pope.]

During last fall I was requested by Mr. Owens, the coroner, to accompany Dr. S. to Second street, for the purpose of holding an inquest over a dead body, and assisting in making the autopsy. Ever ready and willing to undertake these examinations, as there is always something to be learned by them, I responded to the call. On arriving at the appointed time and place, I was immediately put on the coroner's jury. Had I made previous inquiry into the circumstances of the case, I might, probably, have not so readily engaged in it; but duty, however, would have, beyond other considerations, induced me to assist in the matter.

The father, Mr. Musler, a German, stated, that the deceased (a boy four years of age) had been taken sick, a week or ten days before, with a sore throat, fever, slight cough, and difficulty of breathing. Dr. Rose, a German physician, was called in, and attended the child for a day or two. For some reason, the father, a few days afterwards, thought fit to have some other physician, and being a stranger in the city, he was recommended to Dr. ———, likewise a German. Dr. ——— left directions for two phials, one of which he said was to vomit, and the other to purge. The child not getting better, and refusing to take the medicines, the father went to Dr. ———'s office, and asked him if he did not think that an injection would be advisable. The doctor replied that it would, and, accompanying the father to his house, he himself administered it, adding to the injection a tea-spoonful or two of the vomiting liquid, which was to have been given by the mouth. This liquid contained tartar emetic; the rest of the injection consisted of linseed oil and common salt, with warm water. Within a short time afterwards, the first injection producing no effect, the doctor gave a second one; the child making some resistance, and firmly held by assistants. It appears that some difficulty was experienced in forcing the second injection, when suddenly the bystanders hearing "something crack," the syringe was easily emptied of its contents; the child still crying, and making stout resistance.

On hearing the noise, Mr. Musler said to the doctor, "You have injured my child;" but the latter insisted that he had not. The child complained for a few minutes, then grew much worse, and sunk into a state of extreme prostration. Although it had been running about the house on the same day, in less than two hours after the second injection the child was a corpse.

Shortly before its death, Dr. Rose, who had seen the child in the first instance, arrived, accompanied by Dr. Heldritt, also a German practitioner. Both these gentlemen agreed with the father in supposing that Dr. ——— had seriously injured the child, and at their instance Mr. Musler called an inquest.

I insisted that Dr. ——— should be sent for, to be present at the examination of the body. Meanwhile, Drs. Rose and Heldritt branded him as a quack, and evinced a malignant, and perhaps an envious desire, as I thought, to blast his reputation and ruin his prospects. The father

showed me Dr. ——'s certificate of his child's death, wherein it was said to have died of croup. Dr. —— came; he detailed to me the symptoms presented by the child, which were indeed those of croup. I could not believe it possible, that in giving an enema, a thing done by every old woman in the country, any one bearing, by right or assumption, the title of doctor, could commit so vile and unheard-of an outrage on medical practice as that with which he was charged. Telling Mr. —— (for I must drop the doctor) of the manner in which the other physicians had spoken to me about him, and deeming it incredible that he could have perforated the intestine, I re-assured him with regard to the probable result of the autopsy, from the account of the case which he had given me, and intimated what pleasure it would afford me to exculpate him, and disappoint the malignity of his enemies.

The three cavities were opened; the head presented nothing remarkable. In the thorax we found the lungs somewhat congested; the lining membrane of the bronchi and trachea was red, injected, and covered with a thick secretion, while that covering the vocal cords and epiglottis was tumefied, and highly inflamed. Some white patches were also observable around the glottis: the mucous lining of the pharynx and the tonsils likewise participating in the general redness. The heart appeared healthy. On opening the abdomen, we observed, in the pelvic cavity, between six and eight ounces of a brownish-red liquid, which being absorbed by a sponge, enabled us to see, in the bottom of the peritoneal *cul-de-sac*, situated between the rectum and bladder, an irregular opening. Before disturbing the parts, I poured water into the pelvis, when, holding the body in an upright position, it ran out at the anus. I now carefully removed the pelvic viscera, by sawing through the branches of the pubes and ischii, and detached the rectum from its sacral adhesions. Avoiding, for obvious reasons, sharp-pointed scissors, I used Cloquet's enterotome for laying open the intestine upon its posterior part. This done, we observed, about two and a half inches above the anal orifice, upon the anterior wall of the rectum, an oblique jagged opening, communicating with that already noticed in the peritoneum: all the other abdominal viscera appeared healthy. The perforation of the rectum was complete, and the contents of the syringe were thus thrown into the peritoneal sac, instead of the intestine. It is proper here to state, that the pipe of the syringe was not a common pewter one, but of horn, four inches in length, and very pointed. In giving the enema, instead of directing the pipe backwards into the concavity of the sacrum (and with so sharp an instrument the finger should always be used), Mr. —— thrust it immediately upwards against the promontory of the sacrum, and thus perforated the intestine.

To bring this man, calling himself doctor, to justice, that he might suffer the penalty due his ignorance and neglect, two indictments were filed against him. The first was quashed; and the second having been improperly drawn up, was entirely nugatory. Under the second indictment, the counsel for the defence cleared the defendant, on the ground that the child did not die of the mere wound inflicted by the pipe of the

syringe; there being no mention in the indictment of the liquid found in the abdomen.

Being summoned both by the State and the defendant, I was not called upon for evidence. Had I been allowed to testify, it would have been to this effect:—That the disease of the air-passages was hardly capable of causing death, and that the child might have recovered from the simple perforation of the rectum, as the opening was oblique, upwards, and valvular, in a manner to have prevented fecal effusion. I attribute the child's death to the presence of the liquid found in the peritoneum, which liquid, rendered more irritating by its containing tar emetic, produced so severe a shock to the nervous system, and caused the rapid and fatal prostration of all the vital powers. It is probable that death was hastened both by the disease of the larynx and the rupture of the intestine; but, independently of these, the liquid in the peritoneum must ulteriorly have proved inevitably fatal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 21, 1844.

Purpura Hæmorrhagica.—Cases of this disease are not of very frequent occurrence, and yet every practitioner, of long standing, may have had an opportunity of witnessing it. Usually the malady has a speedy run to a fatal termination. By the Boston bill of mortality, it seems that only one fatal case occurred in this city in 1843—but there may have been cases in which the patient recovered.

Our attention has been called to the successful treatment of purpura by Dr. A. J. Coons, reported in the 15th of January No. of the St. Louis Medical and Surgical Journal. In his hands, creosote seems to have been the efficacious agent in the treatment. Although he prescribed a mild cathartic of oil in one case, the fifteen drops of creosote in a mucilage of four ounces of gum Arabic, a tablespoonful three times a day, according to his own diary, soon modified the symptoms. He also gave pulv. ipecac. compos. and sub. m. hydrarg., aa grs. iij., morning and evening. On the 27th of January, when treatment began, there was oozing of blood from the lips, dark spots in the palms of the hands, the eyelids exhibited signs of bleeding, &c.; but on the 29th, the oozing from the lips and gums had ceased.

The object of these observations is simply to induce gentlemen who may be called to a case of purpura, to ply the system with this potent agent—creosote, which of late, in this as well as some other diseases, seems to have been rather neglected.

Mammoth Doses in a Case of Poisoning.—Desperate cases, says the proverb, require desperate means. Dr. Warren, Senior, of this city, was called suddenly to visit a lady, early in the morning, who instead of taking two ounces of tincture of rhubarb, as she intended, had by mistake

actually swallowed two ounces of laudanum. The dreadful discovery was instantly made, and Dr. Warren at once called. He gave directly two ounces of antimonial wine, which not producing vomition as soon as expected, one ounce of pulverized ipecac. was administered, mixed in water. That being equally inoperative, he next gave one drachm of tart. antimony. But the stomach was not yet in the least excited, and he then gave the patient a drachm of sulphate of copper. With all these, not even nausea could be produced. It is unnecessary to explain the reasons why a stomach pump was not introduced. The alarm was greatly increased by the failure of all these well-known active emetics, and Dr. Warren saw that the lady must inevitably die, if relief was not afforded without further delay. He then pressed over the region of the stomach with both hands, kneading the organ violently, and instantly, by mere mechanical pressure, completely forced up the whole mass of contents together. Through the whole day she was unremittingly exercised on her feet, to keep her from falling asleep. The propensity to doze was pressingly strong, but by this indefatigable course she was kept awake—and by the next morning all drowsiness effectually left her, and she was perfectly restored to consciousness and health.

Smallpox communicated by Bank Bills.—"Mr. Duble, teller of the Clinton Bank, Columbus, Ohio, recently died of smallpox; the affection having been communicated by the bank notes which he was compelled to handle in his official capacity."

A similar case occurred in Boston a few years since, in the person of a Mr. Barker, a clerk in Mr. Allen's auction store, Milk street. He noticed, in taking a bank bill from a gentleman's hand, who was settling for some purchase, that he had small scabs here and there, over his face. It was presumed that he had just recovered from smallpox, and the few crusts that were visible were the last remains of the disease. Mr. Barker exhibited the disease on the 14th day after exposure, not having been vaccinated. It assumed the confluent form, of which he died in great agony about the twenty-first day after its development.

New York State Lunatic Asylum.—We are indebted to Dr. Brigham, the Superintendent, for a copy of the first annual report of this institution. The extent to which the Asylum, as originally designed, is finished, is already found inadequate for the accommodation of applicants. It was intended, by those who planned it, to accommodate, by means of four buildings, 1000 patients, and it is probable that there is that number in the State who should be within the walls of this, or some other well-managed asylum, as in 1842 it was ascertained that 430 lunatic paupers in the State were then *confined in jails and poor-houses*. The one finished building of the Asylum will now accommodate properly but 225, and on the 1st of February there were 221 patients in it, and the remaining few vacant rooms were engaged. The foundations of the other three contemplated buildings, have been found so much injured by rain and frost, as to be unsuitable to build upon, and some of the stone has been used for other purposes. The managers recommend the erection of two additional wings of brick to the present

building, each 250 feet long by 38 feet wide, which will enable them to accommodate 500 patients. We copy some of the more important items from Dr. Brigham's report.

"The Asylum was opened for the reception of patients the 16th of January, 1843. Since that time to the 30th of November, a period of ten months and a half, there have been admitted 276 patients. Discharged, recovered, 53; do. improved, 14; do. unimproved, 6; do. dead, 7. Remaining, November 30th, 196.

"Eighty patients have been discharged. Fifty-six of these were recent cases, that is, of not more than twelve months' duration. Of this number 49 recovered; 3 were discharged without recovery, and 4 died. Twenty-four were old cases. Of this number 4 recovered; 17 were discharged without recovery, and 3 died.

"The deaths have been few. One died soon after admission, from exhaustion consequent to long abstinence from food and exposure to cold, before he came to the Asylum. Another from erysipelas, arising from a wound before admission; a third from scirrhus stomach; one died of paralysis; two of consumption, and one from sudden effusion upon the brain, the third day after reception.

"We have practised weighing each patient soon after admission, again the first day of each month, and when discharged. Average weight of men on admission, 138 lbs., 1 oz. Average weight of men at the end of the year, and when discharged, 141 lbs., 10 oz. Average weight of women on admission, 112 lbs., 10 oz. Average weight of women at the end of the year, and when discharged, 116 lbs., 7 oz. With the exception of two, all discharged cured had gained flesh—some of them from 10 to 18 pounds, one 37 pounds. Total increase in weight of the 53 discharged cured, 306 pounds."

Among the supposed causes of insanity are the following, with the numbers attached. Religious anxiety, 50; ill health, 46; puerperal, 20; loss of property, 17; excessive study, 12; intemperance, 10; death of kindred, 10; fright, 7; 'Millerism,' 7; masturbation, 3."

The following is the diet used at the Asylum:—

"*Breakfast*.—Coffee, bread, butter, potatoes, cold or warm meat, hashed meat, mackerel, sausages, dry or buttered toast, and buckwheat cakes in the season. These articles varied according to the season of the year, and to afford a frequent change.

"*Tea*.—Tea, bread, butter, biscuit, toast, plain cake, gingerbread, crackers, cheese, apple sauce, and berries in the season. These so varied as to make some change frequently.

"*Dinner*.—Sunday—cold meat, potatoes, pudding or rice, molasses, bread, butter, crackers, cheese, pie. Monday—boiled corned beef, vegetables, rice, molasses, bread and butter. Tuesday—roast meat, vegetables, pie or pudding, cheese, bread and butter. Wednesday—soup, boiled fresh meat, stew-pie, beefsteak, fresh fish, poultry, or other articles in the market and not used other days, bread and butter. Thursday—same as Monday. Friday—same as Tuesday. Saturday—boiled salt fish, rice, molasses, or pudding, vegetables, bread and butter.

"The sick have a prescribed diet. Milk is abundantly supplied to all the tables, and fruits, especially apples, are often furnished to such of the patients as are not likely to be injured by them."

Spontaneous Dislocations.—From the Norwalk Gazette the following very remarkable case is copied.—Uriah Ambler, who died in this town on Thursday morning last, was a house carpenter, and by exposure when in a heated and excited state of body, about nine years since, became a prey to that racking disease, the rheumatism. During nearly the whole of this long period he was confined to his room and bed, enduring an amount and intensity of pain and suffering which have seldom fallen to the lot of humanity.

His disease, in its progress, dislocated nearly, or quite, every joint in his body, causing the bones to protrude from their places, and in some instances to project nearly an inch from the surface, and for the last four years deprived him entirely of sight. It was but an every-day business, and not unfrequently, we believe, repeated many times a day, to replace the joints which were constantly flying from their natural positions and relationship. After death we had a slight examination of the body, and a description of it will convey to the mind of the reader some idea of the nature of that disease, which could produce such a pitiable piece of deformity. We found it in the position which, for a long time previous to death, was the only one in which it could lie. On the right side, the head and shoulders curved forward, and the legs drawn up. The bones in the feet and legs were displaced and distorted, the spine much curved, disfigured and disjointed, the shoulders out of place, the arms at the elbows in the same situation, while in the case of one, if not of both the hands, a right angle was formed with the wrist. The fingers were drawn from the middle joint in opposite directions, the upper half being drawn inward towards the palm, while the lower half formed a complete curve outward. The disfigurement extended even to the nails, which scarcely had a resemblance to nature. One of the attending physicians has informed us that the only place he could find to get at the pulsation of the body, was at the carotid artery of the neck.

Curability of Phthisis.—"M. Fournet alludes to his having met with, in the course of one year, no fewer than 14 cases of confirmed phthisis that were cured; besides 10 other cases, in which dissection revealed the traces of caverns that had become perfectly healed.

"He goes on to remark, that 'these 14 cases of phthisis, cured in the living subject, have proved to me—

"1. That certain persons, who have exhibited the most decided symptoms of the disease, in its most advanced stage, may yet be restored to excellent health.

"2. That, if the general state is satisfactory in these individuals, and does not occasionally bear the evidence in some manner of the accidents of their past life, the local condition is very different, and always reveals the presence of alterations, more or less extensive.

"3. That even hereditary phthisis, in its most advanced stage, is susceptible of cure; although such an occurrence is certainly much more rare than in cases of the accidental disease.

"4. That phthisical patients, who have been treated by very various kinds of remedies, or who have been left entirely to the resources of the natural powers of their economy, seem to have recovered in about the same proportion; and, therefore, that nature generally '*fait tous les frais*' of the cure of the disease.'

"He concludes his remarks with the following sentence:—The capital fact which seems to spring from these inquiries is, that tuberculous disease is not, like cancer, essentially incurable; on the contrary, that it is often curable, and that its extreme and most disheartening fatality is referable rather to the circumstance of its being seated in one of the vital organs of the system, and to its tendency to frequent relapses, than to its primary and essential nature."—*Med. Chirur. Review.*

Face-Ache.—This common affection, so often supposed to be excited by a diseased tooth, although the latter fails to be detected—a rheumatic, chronic kind of pain, wholly different from that of *tic-douloureux*—is often speedily curable by *muriate of ammonia*. This salt should be given in doses of half a drachm, dissolved in water, three or four times daily. About four doses will be sufficient to test the potency of the remedy. At other times the iodide of potassium, in five or six-grain doses, is quickly effective towards a cure. The efficacy of the latter remedy renders it probable that the affection is of the nature of periosteal inflammation.—*Dr. Watson's Lectures.*

Excision of the whole Lower Jaw.—The case of excision of the whole lower jaw, related by Dr. Bartolome Signoroni, is interesting as showing that patients may recover after removal of the whole jaw, and preserve the power of swallowing, and the faculty of speech. In this case, on account of an osteo-sarcomatous affection, the whole jaw was removed at its articulations. The patient speedily recovered, and was a few months afterwards exhibited at Padua, to the Italian Scientific Association. He had completely regained his health, swallowed easily, and his speech was scarcely defective. It is much to be regretted that the details of this case are not given; it may, however, be gathered from the remarks which follow the simple announcement of its success, that the bone was extracted piece-meal, being divided into portions by means of the cutting pliers introduced through subcutaneous incisions. It is to this mode of operating the author attributes the small quantity of blood lost, the rapidity of the healing process, and the general success of the operation. No mention, however, is made of the size of the tumor, the amount of the lower jaw which it involved, or the necessity which existed for removing the whole bone.—*Annali Universali*; and *Edin. Med. and Surg. Journ.*

TO CORRESPONDENTS, &c.—Dr. Slack on the Theory of Gall and Spurzheim, and Dr. Allen's and Dr. Ball's communications, are on hand for publication.—The annual catalogues of the Jefferson Medical College, Geneva College, and the College of Physicians and Surgeons of New York—Dr. Welch's Address at New Haven, Dr. Harrison's Lecture before the Ohio Medical Lyceum, and a Treatise on Domestic Practice, from Alabama, have been received.

DIED.—At Xenia, Ohio, Dr. James McCan, in the 57th year of his age—a native of Augusta Co., Virginia.

Number of deaths in Boston for the week ending Feb. 17, 45.—Males, 20—Females, 25. Stillborn, 4. Of consumption, 10—drowned, 1—debility, 2—lung fever, 4—scarlet fever, 5—croup, 4—marasmus, 1—hemorrhage, 1—inflammation of the lungs, 2—erysipelas, 1—hooping cough, 1—inflammation of the brain, 1—disease of the kidneys, 1—inflammation of the bowels, 1—jaundice, 1—disease of the heart, 1—intemperance, 1—infantile, 2—measles, 1—fits, 1—old age, 1—epilepsy, 1—scald, 1. Under 5 years, 21—between 5 and 20 years, 3—between 20 and 60 years, 16—over 60 years, 5.

The Plea of Insanity.—At Derby Eng., John Winfield Grocock, aged 17 years, was indicted for violating the person of Eliza Ann Allwood, a child aged 11, and also for attempting to murder her.

The outline of the case may be given in a few sentences. The prisoner having decoyed the girl away, under pretence of giving her employment in a Derby silk mill, violated her person, struck her repeatedly on the head with a hammer, and left her for dead. He then gave himself up to justice as a murderer, asked for pen, ink, and paper, and wrote a minute account of the whole affair, with the exception of the rape, which he naturally supposed would diminish his claims to public sympathy, without adding to his pretensions as a monomaniac. His account concludes by saying, "as regards my intention for committing such an act, I was determined to be transported or hung, having at that time no means of obtaining a livelihood, but I cannot properly explain the motive for committing such an action."

The prisoner described to the superintendent of the police the spot where the crime had been committed. It was under a tree facing the windows of the mill at Borrowash. The grass was much trampled down; there was a quantity of blood upon it; and the handle and head of a hammer were picked up separately, for Grocock had struck this poor child till the instrument came in two. When taken to the Infirmary, one large and six smaller contused and jagged wounds were found upon her head. She recovered, however, and was one of the witnesses on the trial.

Grocock had possibly speculated on the favor shown of late to monomania, whether real or pretended, and had anticipated sporting in the same play-ground with Oxford and Macnaughten. In prison he acted his part as well as he could. "He was calm and quiet," says Mr. Douglas Fox, the surgeon of the jail, "when he did not know that he was watched, but rolled his eyes strangely when he knew that he was observed."

Several witnesses were called for the defence. One proved that his general conversation was very strange—that he talked very wildly; another that he said, "Mrs. Gee. I feel very curious—my head is very hot—I feel as if I should go beside myself." Another, who was an out-patient at the Nottingham Infirmary, saw him there, and was alarmed at the wildness of his conversation and appearance. Lastly, his father proved that the prisoner's uncle had been insane 18 years, and had been in confinement; and that the prisoner, when 18 months old, had a fall upon a mop-nail, which cut his forehead severely over the eye, and left a scar which is still visible. In short, there was evidence enough to have got the prisoner off had it been backed by any of the medical witnesses. This did not happen; and Grocock was left to answer for his complicated crimes. The jury took a merciful view of the case, and found him guilty of the fourth count only, which charged the intent to do grievous bodily harm.

The sentence of the court was, that he should be transported for life.—*Medical Gazette.*

New Books in London.—A Letter to Professor Liebig on certain Misstatements with reference to the ultimate analysis of the ox bile, as contained in the second edition of his work, with some Remarks on the Bile of Omnivorous and Carnivorous Animals, by George Kemp, M.D., &c.—On the Nature and Treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders. By Henry Hunt, M.D., &c. &c.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, FEBRUARY 28, 1844.

No. 4.

WHITE SULPHUR SPRINGS.—NO. II.

By J. J. Moorman, M.D., Resident Physician at the White Sulphur Springs.

(Communicated for the Boston Medical and Surgical Journal.)

MINERAL WATERS IN GENERAL.

Early Use of, &c. &c.—Mineral waters rank among the ancient remedies used for the cure of disease. The Greeks, who in knowledge of medicine were superior to the nations who had preceded them, regarded natural medicated waters as a special boon of the Deity, and piously dedicated them to Hercules, the god of strength. They used them for drinking, and for general and topical bathing. Hippocrates was acquainted with the value and uses of various mineral waters, and many other Greek physicians, we are told, employed them for numerous diseases for which they are used at this day.

With the Romans, mineral waters were a familiar remedy, not only in Italy, but in all the countries in which that nation obtained dominion. Mineral springs were eagerly sought out in the countries over which their conquests from time to time extended, and prompted by "gratitude to the benefit which they experienced from their use, they decorated them with edifices, and each fount was placed under the protection of a tutelary deity."—(*Bell.*) Pliny, in his natural history, treats of various mineral waters and their uses; and it is a fact worthy of remark, that they were highly recommended by various Roman physicians, in the fifth century, in the same diseases for which they are at this day so much employed—particularly for nervous and rheumatic diseases, and for derangements of the liver, stomach and skin.

With the modern nations of civilized Europe, mineral waters, both as internal and external remedies, have always been held in high estimation. The national regulations that have, from time to time, been adopted to investigate their virtues, and their appropriate applicability, and to guard against their improper use, sufficiently manifest the importance that has been attached to them as remedial agents. Henry IV., we are told, "during his youth, had frequented the springs of the Pyrenees, and witnessing the abuses in the employment of so useful a remedy, sought to correct them after his ascension to the throne of France. He nominated by edicts and letters patent, in 1603, superintendents and superintendent generals, who were charged with the entire control over the use of mine-

ral waters, baths and fountains of the kingdom. Most of the mineral springs and bathing establishments on the Continent of Europe, are placed under a somewhat similar superintendence, and a resident physician is also appointed by the government.”—(*Bell.*)

Although mineral waters had been favorite remedial agents with the enlightened nations of the earth for many centuries, it was comparatively but recently that chemistry, by minute analysis, was able to determine with precision their constituent parts.

In 1670 the mineral waters of France were first fully analyzed by a commission appointed by the Academy of Sciences at Paris; but it was not until 1766, near a hundred years afterwards, that Bayen discovered the means of separating sulphur from sulphureous waters—nor until 1774 that the celebrated Borgmann demonstrated the existence of sulphuretted hydrogen gas. Meanwhile physicians stationed at the several watering places were active in observing and noting the various operations of the different waters on the human system, and in determining, from experience, the various cases in which they were beneficial or injurious.

Experience the only sure Guide in the Administration, &c.—After all that science can effect in determining the component parts of mineral waters, it is *experience* alone in their use, that can be fully relied upon as to their specific effects, or applicability to particular diseases. Chemical analysis is important mainly as a matter of general scientific knowledge, and may be so far practically useful to the physician, as to enable him to form correct *general views* as relates to the nature and powers of the remedy; but it is fallacious to suppose that an analysis, however perfect, can ever enable the physician, in the present state of our knowledge, and in the *absence of practical observation*, to prescribe a mineral water with confidence or safety. An accurate knowledge of the component parts of mineral waters, might do much, I admit, to prevent the incessant mistakes and mischief which medical men commit in sending their patients, “*hap hazard*,” to drink mineral waters which are often unadapted to their cases; but it never can, in the absence of experimental knowledge, qualify them for giving specific and detailed directions for their use. Dr. John Bell, in his valuable work on “*Baths and Mineral Waters*,” has the following sensible and judicious passage upon this subject. “I wish not,” he says, “to be ranked among the chemical physicians, who, having discovered the proportion of each foreign ingredient in the mineral spring, and studied its operation on the economy, pretend to determine the general effect of the compound. We may, indeed, by a knowledge of the constituent parts, predict, to a certain extent, the medicinal power of the compound; but it is only by multiplied facts, that is, *experience of its use*, that we can speak positively of its virtues.”

In no other country, perhaps, do mineral waters abound in greater variety than in the United States, and it is a subject of sincere regret, that their nature, applicability, and proper method of administration, should have been so little studied, both by physicians and the public at large. It is true that certain opinions generally prevail in enlightened

circles, as regards the curative powers of some of our more celebrated fountains; and these opinions, so far as they go, being generally founded on experience, may, in the main, be tolerably correct. Nevertheless, there is a lamentable want of information generally, and even among our more enlightened physicians, as to the *specific nature and adaptation of our mineral waters to particular diseases*—information, the want of which must always disqualify for the safe and confident recommendation of these valuable agents.

A perfect knowledge of the various influences, and of the peculiar minute circumstances that control the use of mineral waters in different systems, as well as the best methods of using them in certain pathological conditions of the system, must, as with all other medicines, be learned from observation. Now as physicians but rarely have an opportunity of observing the use of mineral waters for a sufficient length of time and in a sufficient variety of cases, and as but little has been written by those who have observed their effects, it ought not to be supposed that the medical public generally would be greatly enlightened on this subject.

I have said that the opinions generally prevailing in enlightened circles, relative to the curative powers of our principal mineral fountains, being founded on experience, may, in the main, be correct. I would not be understood, however, as advising a reliance upon such "popular fame." Information of this kind is sufficient to awaken attention and incite inquiry, but certainly should not be implicitly relied upon in individual cases. At best, it is generally "hearsay" opinion, made up, ordinarily, from partial and empirical sources; or, quite as likely, from the prejudiced accounts which are brought by visitors from the different watering places, and which are *sweepingly* favorable, or prejudicial, as they may chance to have been benefited or worsted, and that without reference to the specific action of the agent, or that clear understanding of the pathology of the case, which would serve as a safe guide in its application to others. Every physician knows how prone persons are to err in the use of medicines, from the supposed resemblance of cases. Often am I pained to see persons persevering in the use of a mineral water to their evident prejudice, and for no better reason than that Mr. or Mrs. Such-a-one was cured of a disease supposed to be similar; or, by the general recommendation of some medical man who sent them to the "mountains" with a "*carte blanche*," to use "*some of the mineral waters*." Occasionally it has become my painful duty to advise patients to retrace their melancholy steps homeward, without using any of the waters, because none were adapted to their case.

Mineral waters are not a *panacea*; they act like all other medicines by producing certain *effects* upon the animal economy, and upon principles capable of being clearly defined. It follows, that there are various diseases and states of the system to which they are not only not adapted, but in which they would be eminently injurious.

Some years since, I was requested to visit a highly-respectable gentleman, who had just arrived at the White Sulphur with his family, from one of our distant cities. He was in wretched health, and sought my

advice as to the applicability of the water to his case. On examination, I felt astonished that any medical man of intelligence should have recommended such a case to mineral waters for relief. I advised the gentleman to re-trace his steps homeward, and put himself under medical treatment, as he had no time to lose. Accordingly, the ensuing morning, he re-commenced his journey of seven hundred miles to reach his home. Medicine did for him what mineral waters were not calculated to do, and I have since heard of his entire recovery. This gentleman informed me that he had been influenced to undertake the distant, and, to him, painful journey, by a physician who had never before prescribed for his case, and who candidly stated to him that he knew but little of the mineral waters of Virginia; but had heard of many cures from their use, and therefore advised that he should hasten to give them a trial. Influenced by this medical opinion, the unfortunate invalid had dragged himself and his family seven hundred miles, under the vain hope of finding a remedy, which the physician should, in such a case, have found in his own office. Now a little more knowledge of the nature of our mineral waters, and a more commendable caution in advising their use, would have prevented the heavy sacrifice this gentleman incurred. Nor is this by any means an isolated instance—my case-book furnishes me with many others equally strong, that have come under my observation within the last few years.

Medical Efficacy, &c.—Mineral waters are exceedingly valuable as medicinal agents; are applicable to a large circle of cases; and will, unquestionably, cure many which the ordinary remedies of the shops will not. Nevertheless, it should always be borne in mind that they are not a *catholicon*; that they are not to be used for every disease; and that to be prescribed successfully, they must, like all other medicines, be prescribed with reference to the nature and pathology of the case. Nor is this caution ordinarily more necessary in using the various medicines of the shops than in using our more potent mineral waters.

Some there are, I know, who profess to be unbelievers in the medicinal activity of mineral waters, and who, without denying the benefit that is often derived from visiting such fountains, attribute the whole to travel, change of air, exercise, relaxation from business, &c. &c. Now I freely admit that these are often important agents in the cure of a large class of cases; but from long experience at a popular watering place, and the numerous cures I have seen effected from the water itself, totally disconnected with any of the adjuncts alluded to, it would be quite as easy to convince me that *bark* is not tonic, that *jalap* does not purge, or that mercury will not salivate, as that mineral waters may not be an active and potent means of curing disease, entirely independent of the valuable adjuvants that have been alluded to.

The advocates of the non-efficacy of mineral waters *per se*, would scarcely persist in this opinion, after seeing the large amount of active medical material, obtained by evaporation from some of our more active waters; the *white sulphur*, for instance, which yields more than 150 grains to the gallon, and which, upon analysis, is found to consist of *iodine*,

sulphur, the various combinations of *soda*, *magnesia*, and other active ingredients. Would it not be absurd to believe, that so large amount of these efficient medical substances, as is usually taken into the stomach, by those who drink mineral waters in which they abound, could fail to exert a *positive influence* upon the economy? My own experience, for many years, in the use of such waters, enables me to bear the most unequivocal testimony, as to the *direct* and positive influence of many of them upon the human body. In the language of the celebrated *Patissier*, I can unhesitatingly say, that "in the general, mineral waters revive the languishing circulation, give a new direction to the vital energies, re-establish the perspiratory action of the skin, bring back to their physiological type the vitiated or suppressed secretions, provoke salutary evacuations, either by urine, or stool, or by transpiration; they bring about in the animal economy an intimate transmutation—a *profound change*; they saturate the sick body. How many sick persons, abandoned by their physicians, have found health at mineral springs? How many individuals, exhausted by violent disease, have recovered, by a journey to mineral waters, their tone, mobility and energy, to restore which, attempts in other ways might have been made with less certitude of success." And hence, most cordially do I adopt the sentiments of the distinguished Dr. Armstrong, who in speaking of the medicinal efficacy of mineral waters, says, "*I dare pledge my word, that, if they be only fully and fairly tried, they will be found amongst the most powerful agents which have ever been brought to the relief of human maladies.*"

Modus Operandi, &c.—Various attempts have been made to account for the peculiar effects of mineral waters upon the system. They seem to act, in the first place, as a simple hygienic agent. Secondly, they act, in accordance with their constituent ingredients, specifically on the animal economy. Mineral waters exert their more important influences upon the human body upon a different principle from many of the articles of the *materia medica*; they are evidently absorbed, enter into the circulation, and change the consistence, as well as the composition of the fluids; they course through the system, and apply the medical materials which they hold in solution, in the most minute form of subdivision that can be conceived of, to the diseased surfaces and tissues; they reach and search the most minute ramifications of the capillaries, and remove the morbid condition of those vessels, which are so commonly the primary seats of disease. It is thus that they relieve chronic disordered action, and impart natural energy and elasticity to vessels that have been distended either by inflammation or congestion—while they communicate an energy to the muscular fibre and to the animal tissues generally, which is not witnessed from the administration of ordinary remedies.

Many of the articles of the *materia medica* seem to act by sympathy and counter-irritation, and to cure one organ of the body by irritating another; thus calomel, by irritating the stomach and duodenum, is made to act efficiently upon the liver, to which organ it has a strong specific tendency. Not so, however, with mineral waters; they never cure one organ by irritating another. I can with confidence assert, that I have

never seen mineral waters successfully used in any case in which they kept up a considerable irritation upon any of the organs of the body.

Both physicians and patients are quite too much in the habit of looking to the *immediate* and *sensible operations* of mineral waters, and of judging of their efficacy from such effects. In most cases, it is serviceable for such agents to open the bowels gently; and in some, it is best for them to purge actively. Occasionally, advantage is derived from promoting an increased flow of urine or perspiration; but, as a general rule, the greatest good is derived from the absorption of the water, resulting in that "profound change" spoken of by Patisserie, or, in other words, the *alterative* action of the remedy. It should always be borne in mind that this *profound change*—this *alterative effect*—is incompatible with constant or active action of the water upon any of the emunctories. This, unquestionably, is true as relates to the *White Sulphur Water*, with which I am most familiar, and I believe it to be so with all alterative waters.

So well convinced am I, that the *alterative action* is the real curative action effected by *sulphur waters*, in nine cases out of ten where any serious disease exists, that, ordinarily, I am not solicitous to obtain much daily increase of evacuation from any of the emunctories. On the contrary, I often find great advantage from the administration of some appropriate means to *prevent* the too free action of the water, especially on the bowels and kidneys. As a general rule, it is far better that such waters should *lie quietly upon the system*, without manifesting much excitement upon any of the organs, and producing, at most, but a small increase in the quantity of the ordinary healthy evacuations.

The *quality* or kind of evacuations produced by mineral waters, is a matter of far more importance, and when strong sulphur waters are used, never fail to evidence the existence and the extent to which alterative action is going on in the system, and to this, persons using such waters, should always pay a careful attention.

I have said that the best effects of mineral waters, are their *alterative* or *changing* effects; and that in the administration of the *White Sulphur Water*, I do not, ordinarily, desire to provoke much increase of the natural evacuations. I do not wish, however, to be understood by this general declaration, as laying down an absolute rule of practice to govern all cases. The administration of this water, like the administration of every other active remedy, should be governed in reference to the particular character and demands of each case; and in such discriminating practice, it will sometimes be found best to use it in a manner to produce active operations for a short time. I have, indeed, generally found, that those who are actively purged by mineral waters, if they have strength to bear it, will be best satisfied with the remedy *at the time*, and in fact, are apt to feel better *at the time*, than those upon whom the water is exerting but little or no purgative effect. It may be laid down as a general fact, in the use of the *White Sulphur Water*, subject to but few exceptions, that those on whose bowels it acts freely, will feel best *while at the Springs*; while those who are but little purged, will feel best after they have *left the Springs*, and will, ordinarily, enjoy the most permanent ad-

vantage. The reason of this is obvious; in the first case, the active purgation throws off the gross humors of the body, and the patient feels promptly relieved; in the other case, the remedy lies upon the system, is absorbed, and gradually produces its changing influences—bringing the various secretory functions into a healthy condition—unloading and cleansing the machinery of the economy—silently putting its *works* to rights, and giving them their natural and healthy motion. All this requires time for its accomplishment; and hence, we often hear persons say, “I was no better while at the Springs, but I began to mend soon after I left, and have continued better since.” Declarations of this kind I hear every day by persons who have previously visited the Springs, and they verify the correctness of my proposition.

Length of Time to be used; &c.—To acute diseases, mineral waters are not adapted; for all such, they are too exciting, too prone to increase the activity of the circulation, and to stimulate the general system. It is in *chronic* diseases only that they are found so eminently serviceable. By chronic diseases I mean those slow diseases of the system, uniformly attended either with *simple excitement*, chronic *inflammation*, or chronic *congestion* of the bloodvessels. To be permanently beneficial in diseases of this description, the use of mineral waters, like the disease for which they are taken, should be “chronic;” I mean an instantaneous cure should not be expected, but that the remedy should be persisted in, and the cure gradually brought about. Sulphur waters may be easily brought into disrepute by short and imperfect trials of them. To prove effectual, “they should for the most part be continued daily, in sufficient quantity, until the disease gives way, or until their inefficacy has been fairly proved by an unremitted perseverance. In some cases of ophthalmia, of rheumatism, and slight cutaneous affections, I have known them to effect a cure in two or three weeks, while in other cases, apparently similar in all respects, twice, thrice, or even four times that period has elapsed before the cure had been accomplished; and what is here affirmed of these external affections, is still more strongly applicable to internal diseases, which are seldom speedily overcome by these waters, how completely soever they may yield at last. In illustration of this point as to internal diseases, it may be mentioned that I have seen both chronic inflammation of the liver, and chronic inflammation of the rectum, where no benefit was produced for three or four weeks, and yet a *continuation* of the waters for six or eight weeks longer has effaced every vestige of the morbid indications for which they were prescribed.”—(*Armstrong on Sulphur Waters.*)

There is no greater folly in the use of mineral waters, than that of laying down a *definite period of time for which they should be used*, without reference to their effects upon the system. Like all other medicines, mineral waters should be used, discontinued, or modified in their use, with a strict regard to their operations upon the body, and to their good or bad effects upon the disease. Whenever prescribed, their operations should be watched with the same care with which we watch the effects of any other medicine; and they should be persevered in, or temporarily, or

permanently discontinued, or, controlled in their action by some appropriate adjuvant, according to the indications presented in each case.

It will occur to every reflecting mind, that the expectation of being cured, or even essentially benefited, in an *obstinate chronic disease*, from a few days' use of any mineral water, is altogether unreasonable. Nevertheless, I have often seen persons at watering places despairing of the efficacy of the water, simply because it had not produced an obvious and appreciable benefit in five or six days. A sort of *stereotyped* opinion indeed prevails with numerous visitors to such places, that the water should not in any case be used longer than two weeks. I scarcely need say that this is a most erroneous opinion, and often interposes between the patient and his recovery; instances of which I almost daily see at the White Sulphur. It is true, that some who hold the unwarrantable opinion alluded to, perseveringly endeavor to drink as much in the "two weeks," as they should do in six, but this only serves in a common way, to make them abandon it four or five days before their prescribed time, by absolutely disqualifying the system for its reception at all.

I can say, as the result of many years' observation, that the *White Sulphur*, which is one of the strongest sulphur waters in the world, rarely produces its full *alterative* effects within two weeks, under its most judicious administration, and under favorable circumstances for its use; and that three, four, five and even eight weeks often elapse before it has displayed its full remedial powers in obstinate cases.

General Remarks on the Administration, &c. &c.—Mineral waters are all *stimulants* in a greater or less degree, and some have attributed much of their virtue to this property. Such an opinion, however, is clearly erroneous. I have already remarked that such waters are rarely serviceable when they keep up any considerable irritation of an organ. I now remark that any considerable excitement of the general orgasm, is equally prejudicial: indeed I have often been embarrassed, and sometimes thwarted in the successful use of mineral waters, from the prevalence of this quality. The amount of excitement resulting from the use of such waters, depends upon the nature of their constituent principles; upon the quantity taken, the manner of taking it, and the excitability of each individual's constitution. If it be a water abounding in sulphuretted hydrogen gas, the most essential difference exists in taking it *with* or *without its gas*; that is, in taking it fresh at the spring, or, after its gas has flown off. In the use of the *White Sulphur Water*, with or without its gas, the most marked difference exists in its stimulating quality. In relation to this particular water, it is greatly advantageous in many cases, particularly in very excitable persons, to have the gas expelled in part, or in whole, before using it.

Some mineral waters, by varying the method of their administration, or, by the interposition of appropriate adjuvants, are capable of extensive and valuable modified actions and effects upon the human body. The White Sulphur is susceptible of as many varied, different, and modified actions upon the system generally, and upon its particular organs, by varying the methods of using it, as is mercury, or antimony, or any of

our leading therapeutical agents. For instance, it can be so used as to *stimulate* distressingly—or, without any *appreciable stimulating effect*. It can be so given as almost invariably to *purge actively*; or, without lessening the quantity producing such effect, but merely by changing the time and manner of taking it, it can be so given as to exert little or no cathartic operation. It may be directed to, or restrained from the *kidneys*, or skin; and what, in a general way, is far more important, it can be so used as to *lie quietly* on the system, producing no excessive action upon any of the organs, and, with a quiet but sure progress, go on breaking up the obstructions in the glandular organs and removing the impediments to the proper discharge of their functions: equalizing the circulation, removing chronic inflammations, and generally restoring the energies of the system.

Between the action of mercury and the more powerful of the sulphur waters on the organic system, the most striking similarity exists. Dr. Armstrong long since remarked the resemblance between mercury and the sulphur waters of Europe, and confidently expressed the opinion that the latter are equally as powerful as the former, in their action upon the secretory organs; and with this very important difference, that while the long-continued use of mercury in chronic disease, generally breaks up the strength, that of the sulphur waters generally renovates the whole system. Mercury has heretofore, by common consent, been regarded as the most powerful alterative we possess. I am not prepared to dispute this high claim of the medicine, but this much I will assert, as a matter of professional experience, that sulphur water, in my hands, has proved an *alterative* quite as certain in its effects as mercury, though somewhat slower in its operations. Not only so, I believe it to be far better adapted than mercury to a large circle of cases in which glandular obstructions and chronic inflammations are to be subdued. If the claims of the two remedies for preference, were otherwise near equal, the great advantage on the score of safety from the sulphur water, would give it an immense preference over its rival. Numerous cases present themselves, however, in which they are used in conjunction to great advantage; where this becomes necessary, however, I have, as a general rule of practice, found it best not to continue the mercury longer than six or eight days: nor is it often necessary to use it continually during that period.

The effects of the *White Sulphur Water* upon the human body resemble mercury in several respects. Not to mention others, its resemblance is strikingly manifest from the fact of its producing salivation under certain peculiar circumstances. Another marked similarity may be mentioned, especially as it has a direct bearing upon the proper method of its administration: I allude to the existence of a phlogistic diathesis in individuals with whom either remedy is used. "When the system resists the specific action of mercury, it is a certain test that the inflammatory diathesis prevails to a considerable extent, and this is the cause of the resistance; for lessen the inflammatory diathesis by proper evacuations, and the specific action of the mercury will be readily induced." The system often offers the same resistance to the successful use of this

water, which is evidently occasioned by the excess of the inflammatory diathesis, inasmuch as when the inflammatory disposition is abated by the lancet, purgatives, &c., the water promptly produces its wonted good effects. In the administration of the White Sulphur it is of the utmost consequence to keep this practical fact constantly in view, and by proper treatment to keep down both general and local excitement.

“Notwithstanding mineral waters are so well adapted to the cure of chronic diseases, it should not be expected that they will be uniformly successful; for it must be remembered that such diseases are only remediable when unconnected with alterations of organic tissue, which is their ultimate and mortal product. Nor is it reasonable to expect that any plan of treatment will succeed in all cases of chronic disease unconnected with alteration of tissue; and I have accordingly found the methods recommended, at times ineffectual, even when they were tried under circumstances which simply indicated disorder of the function, without any concomitant sign of disorganization.”

Errors and Abuse of Mineral Waters, &c. &c.—I have before alluded to some of the abuses of mineral waters, by those who resort to them for relief—this subject, I conceive, may be still further pursued with profit to my readers. To one familiar with the many errors and mistakes committed in the use of mineral waters in this country, it is not wonderful that numbers return from visiting our most celebrated watering places, without having received any essential benefit; it is rather a matter of surprise that so large an amount of good is achieved. The precautions in the use of such waters, deemed indispensable in France, Germany and England, are greatly neglected here. There, the advice of a competent physician who is well acquainted with the nature and peculiarities of the water, is thought so important, that persons rarely enter upon their use without such *advice*, and at some places are actually not *permitted* to do so. If similar precautions were more commonly adopted by visitors at our various watering places, a far larger amount of good would be achieved to the afflicted, much injury prevented, and the character of the several waters better established and preserved. It is a subject of daily and painful observation at all of our principal watering places, to witness numerous individuals using mineral waters that are not adapted to their cases; and still more common is it to see those, to whose cases they are adapted, using them so improperly as entirely to prevent the good they would accomplish under a proper administration. Professor Mutter, of Philadelphia, makes the following judicious remarks when speaking of the use and abuse of mineral waters in this country. “Like every other remedy of any efficacy, mineral waters are liable to abuse, and it is really astonishing that such glaring errors should be daily committed, not only by the patients, but often by the *physicians* who recommend their employment. It is by no means an uncommon occurrence (and those who have visited the springs of our country, will bear me out in the statement I am about to make), for an individual to arrive, furnished with a ‘*carte blanche*,’ from a physician who has probably little or no knowledge of the active properties of the agent he recommends, to

use the water as he may see fit, or with merely a charge to “*use it with caution.*” Others are sent without any direction whatever, in the hope that the water *may suit* their condition, and come trusting in Providence alone. Others, again, arrive with written instructions, to drink so many glasses of the water *per diem*, whether it agrees with them or not. Many patients do not take the advice of a physician at all, but relying on the representations of those who have derived benefit, imagine that they, too, will be cured, although in all probability, from the nature of their disease, the water may be the most prejudicial to which they could resort. Used in this careless and dangerous manner, is it to be wondered at, that so many individuals leave the springs, either not at all benefited, or in a worse condition than when they arrived. The regulations which are thought necessary, and which are adopted in most European countries, especially France and Germany, during the use of a mineral water, are either unknown or neglected in this. There, nearly every spring is supplied with an experienced physician, one familiar with the character of the water, whose duty it is to take charge of the sick as they arrive; here, with but one or two exceptions, those who frequent our watering places have to rely on *chance* for medical aid. Is this as it should be?

A vague impression seems to pervade the public mind, that mineral waters, as medicinal agents, are totally unlike all other medicines, and that in their administration there is no necessity for observing any cautions or for adopting extraneous expedients to procure the best effects of the agent employed. This is an error as injurious as it is common, and ought to be corrected in the public mind. Our more potent mineral waters ought indeed to be regularly incorporated into our *materia medica*, their several qualities properly defined, and the medical mind thus instructed to regard them not only as valuable therapeutical agents, *per se*, but as agents capable of extensive and valuable modifications in their application to disease. A *pathological practice* should be established in relation to them, not less strict than in relation to the ordinary remedies of the shops, and the best means of influencing their sanative operations on the system understood.

The physician who desires to throw his patient under the *alterative* influence of mercury, is not so discouraged as to abandon the remedy, if it chance at first to run off by the bowels, and thus thwart his object; but either by changing the method of using his medicine, or by uniting with it some soothing astringent, he ultimately effects the important object in view. Neither should the physician be discouraged in the use of a mineral water because it occasionally manifests a vagrant and improper effect, for facilities can be commanded to control its operations as readily as we can control the improper operations of mercury. Such facilities may generally be found, either in an *increase* or *diminution* of the quantity taken—an alteration of the *periods* at which it has been taken—or, in the manner of using it (where gases prevail), in relation to its *gaseous* or *ungaseous* form. Occasionally, medical adjuvants are found necessary, and then I have been in the habit of using those most simple, and which least deranged the animal economy.

As a general rule, I have found mineral waters most serviceable in those cases in which the stomach and general system tolerated them readily; yet such toleration depends so much upon the proper *preparation of the system*, and the manner of using the water, that the patient should by no means infer that it is unsuited to his case, simply because it has manifested some improper operation in the commencement. For, as before intimated, it will often happen, that by changing the method of using the water, or by the administration of some appropriate adjuvant, the difficulty will all be removed, and the agent afterwards act most pleasantly and profitably upon the system.

I have thought that the foregoing remarks *on mineral waters in general* were properly preliminary to the consideration of the *specific nature and medical applicability* of our several mineral fountains, of which I propose to treat in subsequent numbers.

White Sulphur Springs, Va., Feb. 1st, 1844.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

OBSERVING practitioners cannot fail to have noticed an immense pathognomonic and pathological difference between the erysipelatous fever which has so extensively prevailed for some years past, at numerous places, for certain periods, and the peculiar and specific disease generally denominated *erysipelas*. The former, in all its aspects or protean forms, is a constitutional affection, having a local determination. The latter, it would seem from some of the best authorities, both ancient and modern, and even from the general understanding of the medical community, is simply a local disease of a specific character. J. Hunter denominates it an "*erysipelatous inflammation*." Genuine erysipelas Galen regarded merely a cutaneous affection. He avers, "*Si exquisitam fuerit erysipelas, folius cutis est affectus*." Hippocrates appears to have regarded it not only as a local affection, but as originating from a local cause. Hence his aphoristic averment, that "an erysipelas will arise from a desudation of a bone."

Both S. Cooper and M. Lawrence describe erysipelas as a cutaneous disease, sometimes affecting the subjacent tissue. Willan, Bateman, and even Wilson, in his late natural classific arrangement, place it among affections of the dermoid system. To be sure, in some instances pyrexia is introduced; it would seem, however, rather as an accidental occurrence than as an essential concomitant. These characteristics it is certain cannot embrace the epidemic which is the subject of these remarks. In this, febrile commotion is an essential feature. Indeed, without pyrexia, so far as the epidemic has fallen under my observation, it has no existence.

Those local affections which fall under the denomination of erysipelas, as above described, although they may exist, and probably always do occur during the prevalence of an epidemic erysipelatous fever, yet there exists between the two complaints a manifest discrepancy. In the local

complaints there is a close specific analogy, if not an identity, with those accompanied with fever, but the absence of the general constitutional pyrexial disease makes these local manifestations entirely different concerns. They bear the same relation to erysipelatous pyrexia, that secondary variolous pustules do to true variola; or, it may be, the same which a simple inflammation of a lymphatic gland does to a pestilential bubo.

To mark more clearly the distinction between these local cases and those truly febrile, I have preferred to call the latter *erysipelatous fever*; and if the long-known name *erysipelas* be confined to the local cases, no great evil can be apprehended, and much convenience may result. This distinction exists in nature, or is presented in practice, and it surely ought to find a place in our nomenclature. It would seem that the reference of this set of diseases to the class of exanthems, as has been done by Cullen, Good, and others, may have obviated the difficulty. This, however, is disposing of the subject in a very summary manner. The class of exanthematic diseases is not very well defined. Under it are grouped disorders of very diverse and opposite characters, agreeing in a very few particulars only. This whole class or order requires a careful revision.

Dr. Good says, "*erysipelas is an idiopathic fever, producing an erythematic efflorescence.*" In its epidemic character it is truly an *idiopathic fever*, generally producing in its local manifestations much more than what "*erythematic efflorescence*" will imply. The surface of the body, the cellular texture, the brain, the lungs, the abdominal viscera, the ligaments, the cartilages, and even the bones, are subjects of its ravages. In each of these parts of the body the writer has witnessed its destructive consequences. The severity of these local manifestations generally has been proportionate to the intensity of the preceding or accompanying fever. When they have occurred without being either preceded or followed by constitutional febrile disturbance, little or no danger was to be apprehended. During the prevalence of our epidemic of 1842, I was desired to visit a woman who was said to have been severely attacked in the head. I found her at the wash-tub, having nearly finished her washing, although one side of her head and half of her face were covered with an erysipelatous inflammation to such a degree as to close one eye. There was no constitutional affection, and health was speedily restored. These local affections sometimes occurred without any discoverable cause; more frequently, however, they resulted from some local lesion or irritation. A slight scratch, wound, extraction of a tooth, or the irritation caused by a diseased tooth, not unfrequently produced this specific inflammation. In 1826 several instances occurred from venesection. Although *these local manifestations* may generally be said to be devoid of much danger, they ought not to be regarded as trivial or unimportant. They sometimes appeared to originate the constitutional disease. Under these circumstances all the evils of the idiopathic fever are to be apprehended, especially if the patient be *enceint*. During our first epidemic of this kind, a valuable lady in this situation was bled by one of my medical friends; the edges of the puncture were attacked with erysipela-

tous inflammation, the constitutional affection speedily ensued, and death resulted in the course of a few days.

This local disease so generally followed any local injury, or solution of continuity, that in the late visitation of the epidemic erysipelas in this vicinity, in 1842 and 3, several of my medical friends declined either to extract a tooth or to perform venesection, except in cases of actual necessity. No instance has fallen under my observation, or have I been informed of any, in which any evil of this nature has ever resulted from the use of the lancet in a person laboring under the erysipelatous epidemic. In both our epidemics, more especially in the latter, these local developments were generally of the erratic character, and commonly of the phlegmonous variety. They usually appeared within the first forty-eight hours of the febrile invasion, sometimes at the onset. The pharynx and tonsils presented an erythematic aspect, resembling diphtherite, having a greater or less degree of lividity. To this would succeed a metastasis to the ear, face or scalp—and thus progressively the skin and cellular texture of the whole body were occasionally affected. If in its peregrinations the local development occurred in a vital organ, the event would speedily ensue either in recovery or death. If it became deeply seated in the cellular texture, a bone or large joint, extreme and protracted suffering was to be anticipated. I several times saw the Hon. Mrs. Larabee, of Shoreham, patient of Dr. Hitchcock, in whom the local manifestation terminated in a large abscess in the side of the chest, involving the large pectoral muscle, axilla and clavicle, which latter finally became separated from the scapula. She recovered. As counsel, I saw a patient of Dr. Maxfield, of Pantown, with a similar abscess. The patient, a man upwards of fifty, ultimately died after almost a year's suffering. And my friend, the late Dr. Lucius Smith, of Brandon, whom I several times visited, had a like termination under the fascia of the leg. He died after about sixty days' severe suffering. J. A. ALLEN.

Middlebury, Vt., Feb. 13th, 1844.

AUTO-SURGICAL OPERATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If this case is sufficiently worthy of an insertion in the Medical Journal, it is at your service; if not, you can pass it by.

A very singular operation took place a short time since in a town about twenty-five miles from this city. It appears that two young men, from 18 to 20 years old, had for several years been much addicted to the habit of masturbation. One of these, during that time, had suffered much from ill health, and a great part of the time had required the attendance of a physician. But the true cause of his complaints not being known, he obtained no relief, and continued to grow worse; until at length he became much debilitated, and his mind considerably affected—when, from some book, or by accident, he received a hint as to the cause of his troubles. He immediately made efforts to overcome the habit, but

not having moral courage sufficient, he made an agreement with his associate to perform the operation of castration upon themselves, and appointed a time for the purpose. But his friend, intimidated by his resolution, did not abide by the agreement, and he was left to do it alone. However, he was determined that it should be done, and took the opportunity, when he was under great fatigue (having walked a distance of twenty miles from a muster-field, where he had carried a gun all day) thinking that he should soon sink into repose and be insensible to the pain. Accordingly before retiring, he applied a ligature (as is practised upon some animals), tightly enclosing the testicles below it, and let it remain on the whole night. In the morning, finding the parts discolored, attended with considerable pain, and thinking the operation would be long and tedious, he resolved to complete it at once; and, going out to a secluded place, and removing the ligature, with a common jack-knife sharpened, he made an incision into the scrotum, drew down the spermatic cords, that he might do it thoroughly, as he said, and severed them close to the abdomen. He intended to have kept it a secret; but hemorrhage came on so violently, that he was obliged to disclose it—thus these particulars were discovered. In restraining the hemorrhage, it was impossible to take up the vessels, as they had retracted out of reach; and a large sponge, compressed small, was forced into the wound, when, as soon as a coagula had formed about it, the hemorrhage entirely ceased, and the patient is now doing very well.

B. L. BALL.

February, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 28, 1844.

Natural Fountain of Hydrogen Gas at Fort Gratiot.—We are indebted to Lieut. Marcy, of the United States Army, for the following account of a natural curiosity in the western country. It is communicated in a letter to the editor, under date of Feb. 4, 1844.

"MY DEAR SIR,—I have just returned from a visit to a place a short distance from here, where a discovery has recently been made which appears to me very curious. While examining it, it occurred to me that a description of it would interest you more than any other of my acquaintances. A farmer, about six miles from here, was boring for water, and had penetrated the earth one hundred and fifteen feet, when, upon drawing out his augur, he heard a deep gurgling noise at the bottom of the hole he had made, and immediately a column of gas burst from it with the most terrific violence, rising to the height of seventy feet, carrying with it stones and pieces of clay the size of a pigeon's egg, and attended with a noise very similar to that of letting off steam from a large steamboat. This continued, with unabated violence, for thirty-six hours, when it moderated a little, and a pipe was inserted in the hole with a stop-cock. The proprietor has attached to this smaller pipes, which convey the gas

into his house, and light it in the most brilliant manner imaginable. It appears to be hydrogen gas, almost pure ; it burns with a lambent blue flame, without odor, extinguishes flame when immersed in it, and possesses the properties of hydrogen according to all the tests that it was in my power to apply at the time.

I am aware that this gas has been found in crevices of rocks, and in great quantities; but I have never heard of its being found in a similar locality to this, and in such quantity, before. The country in the vicinity is low and wet, and the soil alluvial. In boring for water, the proprietor informed me that he penetrated ninety-four feet through a plastic blue clay; he then passed through a stratum of coarse gravel, when he encountered a stratum of dark bituminous shale of about two feet in thickness; then into a stratum of clay and gravel mixed, and it was while boring in this that the gas burst forth. The reservoir must be very extensive, as the tubes have been kept constantly open ever since the discovery of the gas (about three months), and a sufficient quantity has been kept ignited to warm and light the house of the proprietor during that time. Yet the supply does not appear to diminish. I am very respectfully yours,

R. B. MARCY.

University of Maryland—Impeachment of Professor Hall.—A difficulty existed in the board of medical professors, it seems, last season, in the medical department of the University of Maryland, which took the form of a complaint against R. W. Hall, M.D., who was thought not properly to sustain the chair in which he had been comfortably seated many years. A very stout pamphlet is out upon the world with this title—"Testimony in the Matter of the Impeachment of Professor R. W. Hall, before the Regents of the University of Maryland. By J. H. B. Latrobe, G. W. Dobbin and C. F. Mayer, Esqs., acting as a committee appointed by the Regents."

All this formidable affair commenced on Friday, the 18th of August, 1843—and, according to the evidence, actually ended in nothing but smoke. The Professor is still at his post, says report, as popular as ever, and as obnoxious, too. One would have supposed that he would have fled from that seat of learning, as Lot fled from the burning cities of the plain, after such a formidable movement in relation to his competency as a teacher—his alleged unwillingness to pay old scores, &c. But after all this array of court etiquette, solemnity of procedure, and magisterial dignity in conducting the impeachment, Dr. Hall, we understand, is still on the ground, and so are the gentlemen with whom he was associated when this great public excitement commenced.

Thus much for a preface, having in view a further comment, together with an occasional extract from the pamphlet, hereafter. Before leaving the subject, however, we are happy in saying that the University School of Medicine is flourishing exceedingly. We were present, a few days ago, at one of Dr. Smith's lectures, and noticed, with a feeling of gratification, that the class was not only large, but made up of gentlemen who were attentively storing up the rich treasure of knowledge from the experience and store-house of their eminent instructor.

French System of Obstetric Medicine.—Dr. Gunning S. Bedford, one of the professors of the University of New York, whose name is not un-

known to the fraternity, will soon complete a translation, from the French, of M. Chailly's Treatise on Obstetrics, the present text-book of the Paris schools of medicine. From the familiarity which Dr. Bedford has with that department, having been a public teacher many years, the medical public have every reason to expect a very important and complete work.

A Pattern of Medical Industry.—Dr. A. Sidney Doane, who has probably translated a greater number of important books from the French, on medicine and surgery, than any other man in this country, to say nothing of his celebrated notes and commentaries on Good's Study of Medicine, has again resumed the business in which he so much excels. From his reputation for untiring industry, it is presumed that a series of new and valuable books may be expected. He could keep a pretty extensive publishing house actively employed, were he disposed to make an extra exertion. All Dr. Doane's remodelled publications have been favorably received—and they should be, for he preserves the truth and spirit of the authors.

Medical Catalogues.—These have accumulated very fast of late, but we are at present unable to bestow that attention upon them which is their due. It may not be out of place to mention that they all give evidence of unusual prosperity, and the multiplication of members of the profession may therefore be expected. With the increase of students, there is a decided effort, of a commendable character, with every chair, to increase the facilities, without enhancing the price, of instruction.

New Treatment of Uterine Affections.—A medical gentleman of Philadelphia has discovered a new method of managing certain morbid conditions of the uterus, which has given rise to some interest, not perhaps because there is any new principle developed, but principally on account of the novelty of the thing. Within a few months, or weeks, we are not certain as it regards the exact period, he read a paper before the Philadelphia Medical College that would create a sensation, it is said, were it published.

If some one in that city would have the kindness to send a copy of the article to Massachusetts, it might be widely circulated, and excite equal interest in this direction.

A System of Physiology in Honolulu.—A communication was received a short time since at the Mission House, in this city, in which mention is made of the following curious fact. Dr. Andrews, of the Foreign Mission Service, stationed at Honolulu, is preparing a work on human physiology, in the native language. He has sent out a request for various drawings and plates, to illustrate the text. This is really a very interesting enterprise. About four years ago the Class Book of Anatomy, published in this city by Mr. R. M. Davis, was translated into the Sandwich Island dialect, and many of the best plates copied on copper by native artists. That, with the system of physiology now in preparation, show that there is a thirst for knowledge in the isles of the sea. It seems,

too, that both these works are for common schools. They are therefore giving an excellent example of what should be done in every district school in the United States, viz., have the elements of anatomy and physiology regularly taught.

Tying the Subclavian Artery.—Dr. Warren, Sen., of this city, performed the very critical and important operation of tying the subclavian, on the 16th, at the Massachusetts General Hospital, on a middle-aged man, the details of which will unquestionably be given to the medical public very soon. We believe this is the first time the operation was ever performed in New England, and only the third case in the United States. The patient is doing extremely well.

Extraction of a Rag from the Nostril.—Dr. Hayward, in presence of his students, on Saturday, Feb. 24th, at the Massachusetts General Hospital, took from the nostril of a child a bit of rag, which had been snugly lodged there one entire year. Being completely coated with mucus, it was conceived to be a polypus. The extraction by forceps was exceedingly easy for the patient, and a cure was of course instantly effected.

Stomach Pump.—In the article last week, in which large doses were said to be administered in a case of poisoning, we unintentionally omitted to mention that the case occurred in Dr. Warren's practice, before the invention of the stomach pump.

Lecture Fees in the Boston Medical School.—In consequence of a misprint in the fees of the professors in the medical department of Harvard University, we publish the following correct list of their fees:—Anatomy and Operative Surgery, \$15. Midwifery and Medical Jurisprudence, \$10. Materia Medica, \$10. Principles of Surgery and Clinical Surgery, \$10. Chemistry, \$15. Theory and Practice of Physic and Clinical Medicine, \$15.

Castleton Medical College.—We are informed that the name of Wellington Duke Murphy, of N. Carolina, should have been included in the list of graduates of this institution, on page 386 of our last volume.

Pennsylvania Hospital for the Insane.—At the date of the last report, there were one hundred and eighteen patients in the Hospital, since which one hundred and forty have been admitted, and one hundred and twenty-six have been discharged or died, leaving one hundred and thirty-two under care at the close of the year.

Of those discharged, were cured, 68; much improved, 7; improved, 14; stationary, 20; died, 17.

Ten males and seven females have died during the year. Of these, three were cases of apoplexy (two being third attacks), three were cases of dysentery, of a violent form, with which several of our debilitated pa-

tients were attacked during the past summer; 2 died from abscess of the kidneys; 1 from chronic bronchitis; 1, cancer of the intestines; 1, ulceration of the intestines of long standing; 1, erysipelas, with effusion in the thorax; 1, gradual wasting of the powers of life; 1, sudden death, in a case of enlargement of the heart, with ossification of the aorta; 2 were cases of inflammation of the brain, dying on the fourth day after admission; and one patient, who had been under high excitement for some time, fell into a state of collapse, and died a few hours after reaching the Hospital.

Four hundred and thirty-nine patients have been admitted since the opening of the Hospital. Of the supposed causes of insanity in these cases, some of the more prominent were as follows. Ill health of various kinds, 64; intemperance, 26; loss of property, failures, &c., 32; disappointed affections, 10; intense study, 8; domestic difficulties, 8; grief, loss of friends, &c., 28; religious excitement, 21; want of employment, 12; puerperal state, 13; masturbation, 3; mental anxiety, 10.—*Dr. Kirkbride's Annual Report.*

Medical Prize Essays among Students.—The prizes for the annual dissertations read before the Boylston Medical Society of Harvard University, were awarded to the following gentlemen:—

First Prize.—To William R. Lawrence, of Brookline, for an article on dyspepsia.

Second Prize.—To Wm. Thayer, of Boston, on the causes of phthisis.

Third Prize.—To F. S. Ainsworth, of New Ipswich, N. H., on erysipelas.

TO CORRESPONDENTS.—Dr. Knowlton's paper on Erysipelas and Puerperal Fever, Dr. Crane's case of Anomalous Convulsions, Dr. Tabor's Bibliography of Tobacco, and some critical remarks on Dr. Lane's Physiology, have been received for publication.

BOOKS, &c., RECEIVED.—Dr. Walkly's Two Years' Experience in the Management of Magneto-electricity, &c.—Report of the Pennsylvania Hospital for the Insane.—Regulations of the New York Surgeon's Bandage Institute.—Professor Dunglison's Introductory Lecture.—Catalogue and Circulars of the Albany Medical College, and the Willoughby University.—The Position and Prospects of the Medical Student, by O. W. Holmes, M.D.; and Dr. Litton's Introductory Lecture in the Medical Department of the St. Louis University.

MARRIED.—At New Market, N. H., N. B. Chase, M.D., to Miss S. E. Branscomb.—At Elkton, Ky., Dr. Geo. L. Upshur to Miss S. A. Parker.

DIED.—At Barnwell C. H., S. C., Dr. Thomas Blackwood, a native of Ireland.—At Morristown, N. J., Dr. Theoph. Johns, in consequence of a wound made by examining a body, 35.—At Philadelphia, Dr. Fisher J. Snow.—At Savannah, Geo., Dr. Church, a native of the North, by a suicidal act.—In Concord, N. H., Dr. J. C. Prescott, formerly of Pittsfield, N. H., 48.—At Windham, Me., Dr. James Bradbury, for many years in extensive practice in Parsonsfield.

Number of deaths in Boston for the week ending Feb. 24, 37.—Males, 21—Females, 16. Stillborn, 4. Of consumption, 5—measles, 3—teething, 1—dropsy on the brain, 2—croup, 1—cholera infantum, 1—typhus fever, 1—marasmus, 2—scarlet fever, 2—diabetes, 1—disease of the heart, 1—lung fever, 2—catarrh, 1—inflammation of the bowels, 1—inflammatory fever, 1—throat distemper, 1—dropsy, 1—cancer, 2—inflammation of the lungs, 1—child-bed, 1—sudden, 1—infantile, 2—unknown, 2. Under 5 years, 21—between 5 and 20 years, 1—between 20 and 60 years, 13—over 60 years, 2.

Open Anus in certain Forms of Fæcal Incontinence.—In a case of severe sporadic dysentery, recently related by M. Bouchut (*Jour. de Médecine*), the anus remained permanently open, and allowed the contents of the rectum to escape, without the patient being able to restrain their emission. This state of the anus he ascribes to weakness of the sphincter ani, and to predominance in the action of the levator ani, which is the dilator of the anus.

The paralysis of the sphincter ani in this case may be explained by a principle in pathology, on which great stress is laid by some continental pathologists, among whom we may mention M. Gendrin. According to this pathological law, whenever a mucous membrane is severely inflamed, the muscular fibres which are in contact with it become paralyzed, as a necessary consequence of the propagation to them of the inflammation. Thus, when the mucous membrane of the larynx is inflamed, the muscular fibres of the vocal cords are paralyzed, and aphony follows. The existence of the law may be illustrated by many other examples. In bronchitis, or inflammation of the bronchial mucous membrane, if the inflammation is intense, extreme dyspnoea follows, and as M. Gendrin very correctly remarks, all the symptoms of pulmonary emphysema ensue, owing, no doubt, to the paralysis of the muscular fibres of the bronchial tubes. In peritonitis the inflammation of the peritoneal covering of the intestinal canal extends to the muscular coat, completely paralyzes it, and thus gives rise to constipation; as, also, the paralyzed intestine no longer offering any resistance to the expansion of the gases it contains, tympanitis follows. In severe enteritis it is the inflammation of the mucous membrane which paralyzes the muscular structure; but as the intestinal mucous membrane is separated from the muscular one by a fibro-cellular layer, the inflammation acts less intensely on the muscular fibres than in peritonitis, and unless it be very severe, diminishes, but does not abolish, its contractile power; thence it is that, generally speaking, in enteritis we have mere constipation, tympanitis only existing in the worst cases.—*London Lancet*.

Ergot of Rye in Retention of Urine—The following is an outline of a case related in the *Edinburgh Monthly Journal* by Dr Ross:—A man, ætat. 72, was seized with retention of urine, which continued for three days. Incontinence then took place; the urine dribbled away, and a catheter being introduced, a large quantity, still remaining, was drawn off. Retention again required the use of the catheter, and different remedies were applied for two months, when Dr. Ross resolved administering ergot of rye, the use of which he had seen mentioned in one of the periodicals. The medicine was given in ten-grain doses every morning, and increased to half a drachm. Great irritability of the bladder was the result. The effects of the medicine was still kept up, and after two months' perseverance the expulsive power of the bladder was completely restored. Such being the facts of the case, the remedy seems to merit a trial, "especially where the retention occurs in old subjects, and depends on paralysis of the bladder, arising simply from previous over-distention."—*Ibid*.

Glossology: or the Additional Means of Diagnosis of Disease to be derived from Indications and Appearances in the Tongue, by Benjamin Ridge, M.D., has lately been published in London.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MARCH 6, 1844.

No. 5.

ERYSIPELAS AND PUERPERAL FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Reflecting upon a recent item of my experience, in connection with all that I can glean from books and journals respecting a connection, as cause and effect, between Erysipelas and Puerperal Fever in some instances, I can but fear that the experience to which I allude is an instance of such a connection. But to enable your readers to judge in the matter, I must give a detailed account of the cases I have in view. Let me first remark, however, that if my treatment of the cases is to be criticized at all, let it not be done by the city practitioner, who, instead of spending most of his hours in buffeting the winds and storms “o’er hill and dale,” as in country practice, may spend them at the bed-side of the sick, acquiring practical experience—or in his study, treasuring up the experience of others; who can examine and re-examine both his patient and his library within the space of half an hour, and who has at instant command the assistance of leechers, apothecaries, and able counsellors. But rather let it be criticized by the *country* practitioner, who from necessity is a Jack in all of the several branches of the healing art, and consequently a master in none; who knows what it is to reside in a snowy and mountainous region, with roads nearly impassable, and to be caught, perhaps in the night, some five or ten miles from home, at the bed-side of a patient presenting urgent and alarming symptoms with which he is not practically familiar, and all this without any aid at command beyond what he may chance to have in his pockets and saddle-bags. These are the circumstances that “try men’s souls,” and qualify country physicians to sit in judgment upon the practice of each other.

That a malignant erysipelas has been prevailing for two or three years in some sections of New Hampshire and Vermont, is doubtless well known to the readers of this Journal; and that some cases of the kind have been witnessed in parts of Massachusetts bordering upon those States, is known to at least a few physicians. But I have witnessed nothing of the kind within the circle of my ride, until Sunday, the 28th of last January. I was that day called to a lad in Buckland, named Hutchinson, who the Friday previous (a very cold day) drove alone in a sleigh from Warwick, distance about thirty miles. Warwick was his place of residence, and there were several cases of erysipelas in the

town, and one in the family from which he came. He felt quite well when he left home. On Saturday he was chilly, dizzy, and had but an imperfect command of his lower limbs. I first saw him about noon on Sunday, when he had been vomiting bilious matter for some hours. He had taken a moderate dose of sulphate of magnesia, which had not yet operated. The vomiting still continued. The sense of chill had nearly past. The tongue was heavily coated, and had become rather brown in the centre. Cold water as a drink was desired. There was not much heat of skin or complaint of the head. There was an appearance of prostration and a feebleness of the pulse, which to my view clearly forbade the use of the lancet. A portion of skin upon the forehead, about three inches in length and one in breadth, slightly elevated, with distinct margins, presented a motley-red appearance; that is, some points of it were more and some less red, but no point very red. I prescribed half-grain doses of calomel once in two hours.

Monday morning the vomiting had ceased, the bowels had moved freely several times, and the young man (aged 15) expressed himself as feeling better, if he "could only move his legs." He could move them, but they *felt* as if he could not. The cutaneous inflammation had extended down upon both cheeks, involving the eyelids, which were not much swollen, and the nose. Some small vesicles could be discovered. The tongue more brown—some sordes upon the teeth, pulse feeble, but not very frequent. The temperature of the skin during the whole sickness was never much above natural. Thirst for cold drinks, some soreness of the throat. He had been somewhat delirious during the night, and very restless until the bowels moved. The eye clear. Continue the small doses of calomel once in three hours, adding half a grain of opium to one of them in the afternoon if the bowels continue to move frequently, and three grains of Dover's powder to another in the evening. After twenty-four hours quit these, and give two grains of Dover's alone once in four hours.

At sunset on Tuesday (not being able to reach the patient before) I found that he had been sleepless and quite delirious nearly all the time I had been absent. It was thought that the powder containing the opium rendered him more delirious. The bowels had ceased to move since taking that powder. The erysipelas had extended *into* the nose and ears. The blisters were large and numerous. The urinary bladder was considerably distended. I had no catheter with me. The man of the house proposed placing the patient upon the stool, and turning a stream of water into a tin dish before him. I sat and witnessed the operation. The patient, supported by one attendant, gazed intensely at the dish, pitcher, &c. We heard no urine streaming from the patient before the man commenced turning from the pitcher. Soon after this, I requested the man to cease the stream of water. He did so. Urine was then passing from the patient, but the noise caused by it soon ceased. Then the man commenced turning water from the pitcher again, and again presently stopped. This time, as before, we all distinctly heard the urine passing from the patient for a few moments, but only a few.

Water was again turned from the pitcher, and when we removed the patient to the bed, we found that he had passed a large quantity of urine. Open the bowels with broken doses of senna and salts, and then go on with spirit of mindererus.

Wednesday morning I found the patient had passed another sleepless night. He was as delirious as ever, incessantly picking about in the air and at the bed-clothes with his hands. Several free, thin and fœtid discharges had passed from the bowels involuntarily, as also urine in the same manner. A nice touch was required in counting the pulse, as they vanished under the slightest pressure. Yet they were not very frequent, *perhaps* (for my watch was out of order) 110. The eye was still clear. The tongue was dark brown and very dry, but as the patient was compelled to breathe continually through the mouth, owing to the obstruction in the nostrils, it was uncertain how much the dryness of the mouth ought to be attributed to this circumstance. The skin continually rather dry. I now bathed the borders of the inflammation with a strong solution of nitrate of silver, and ordered the inflamed surface to be kept wet by swab or cloths with a solution of chloride of lime, and ordered internally carbonate of ammonia in sweetened solution of gum, each dose containing two or three drops of laudanum, and milk porridge at frequent and regular intervals. Wine or other alcoholic stimulants could not conveniently be obtained—for, having been abused, they are not to be used, so some say.

Thursday morning I found the patient much as the day previous, only that he breathed more frequently, and was rather comatose, so that it was difficult to arouse him so as to understand and protrude his tongue. I removed the hair from the scalp and applied cold lotions, and to the legs blisters, yet the eye was nearly clear of redness, not much heat of scalp or throbbing of the temporal or carotid arteries, and I attributed the nervous symptoms to typhoid exhaustion—a *poisoning* of the nervous system—rather than to inflammation or even congestion. Continue to apply the chloride of lime; give carbonate of ammonia and sulphate of quinine alternately, each once in four hours, also broth and porridge.

Friday morning. No improvement in any of the symptoms. The scalp, which was ordered to be kept wet with cloths dipped in cold water, has become very red. Respiration more short and irregular than yesterday. Tincture of iodine being praised in "*Dunglison's New Remedies*," and having found it decidedly useful in burns, chilblains, and even phlegmonoid erysipelas, I now painted it upon all the inflamed surfaces, excepting the scalp, with a camel's hair-brush; and continued the same internal remedies as yesterday. In the evening of this day the patient died.

On *Thursday* I did not wash my hands before leaving the house of the patient, though I sheared the head myself, and examined it rather closely, as it was the seat of a chronic, dry, *scaby* eruption. And it was on *this* day, after riding about ten miles and making two or three calls on my way, that I called on a Mrs. L., aged 39, the mother of several children. She had recently been in excellent health, but the day previ-

ous, from cause unknown, she had uterine pains and rather profuse hemorrhage. No physician was called, and all she wanted of me, she said, was "to know whether she had got through;" for she supposed she was about three months advanced in pregnancy. On making an examination, *per vaginam*, I told her there was still something to be thrown off. She was upon the bed, and in all respects quite comfortable. Good appetite and pulse. As the ovum (probably) was detached, and could be felt with the finger through the mouth of the uterus, and as there were no pains, I prescribed, with the view to do something and perhaps tone up the uterus a little, a few very small doses of ergot, and told the patient to remain quiet and fear nothing, as, probably, she would have no more hemorrhage.

On Friday, while upon the stool, the ovum, without hemorrhage and almost without pain, passed off, as she afterwards told me. On Saturday she was feeble, but had no symptoms which she thought required medical advice.

On Sunday, without any previous sensation in the bowels, she was surprised by free liquid discharges from them, which continued frequent until I saw her in the evening. The stools resembled whey, with some drab-colored flakes floating about in it. She was faint, exhausted, and had a simmering sensation in the ears. The abdomen was *collapsed*, soft, and perfectly free from tenderness in all parts of it, not even the degree of tenderness in the pubic region usual after abortions. I prescribed nine quarter-grain calomel pills, one to be taken every two hours, and as a supporting agent, four or five drops of laudanum between each pill. After this, comp. chalk powders until I should see the patient again.

In the afternoon of Monday I found that the bowels had not moved at all since commencing with the pills, and the gastric sinking was very much relieved—I believe wholly. But the patient had become feverish, and the abdomen so far tympanitic as to be about of the natural size. Yet it was free from pain, bore pressure well, and did not feel tense. There had been no chills, the stomach was quiet, and no one was alarmed. There had not been a case of puerperal fever or peritonitis in town for a dozen years, so far as I know. As the appetite had recently been good, as no purgative had been taken, and as but little feculent matter was passed during the diarrhœa, I gave, rather hesitatingly, on account of the prostration of the previous evening, one great-spoonful of castor oil mixed with half a tea-spoonful of oil of turpentine. From two to three grain doses of Dover's powders to be taken once in three hours after the oil has operated.

Tuesday, 8 o'clock, P. M., not being able to reach the patient earlier as I intended, I was informed that the oil operated readily and rather freely, causing only thin discharges, and that the patient had been growing worse ever since. She commenced vomiting a few hours before my arrival, and continued to throw up her drinks with mucous matter very frequently, and apparently without much effort. The abdomen was very much more distended than the day previous, still not *excessively* distended. It had no such intense feel as I have noticed in peritoneal inflammation. On making pretty firm pressure, the patient said it hurt her

"not much," nor was there any more pain or uncomfortable feeling in the abdomen than what I thought might be attributed to the tympanitic distention of the bowels. No irritation about the urinary organs. For the most part, the patient lay with the lower limbs extended, and was occasionally turned, as she chose to be, from side to side, without causing any complaint. The pulse I estimated from 115 to 120, small and feeble, but regular. Respiration not far from natural; skin dry and warm, never much hot; no particularly bad feeling about the head; sensorial functions apparently unimpaired, unless we are to except the fact that the patient did not expect to survive the night. Great desire for cold water; tongue very red, except at the central and back part, which was covered with a brownish coat; throat, mouth and lips sore, the under lip considerably swollen; countenance rather pale and sunken; bowels quiet since the operation of the oil. I ordered off the stinking sheep's "inwards" which had been placed upon the abdomen shortly before my arrival; applied a three-inch blister to the epigastrium, a flannel wet in spirits of turpentine to the abdomen, and this over a hot fomentation; administered an assafoetida enema, gave a pill of calomel and opium, ordered my horse into the barn, and sat down to watch the patient and to *speculate*.

Here, "thinks I," is something quite unusual for this region, and so was the case of erysipelas. I have been here in Ashfield nearly twelve years, and to lose an adult patient with an acute disease, who was in good health up to the time of seizure, is what has not happened to me oftener, probably, than once a year on the average; but now the prospect is that I shall lose two such within a week—and then, to sink right down, and go off so like the wind, there must be a malignancy about them which I am not at all used to. I wonder if I communicated any *poison* from Hutchinson to this woman at the time I examined her; and if so, how has it operated—what is the present state of her internal organs? First, it struck the nervous system, and rendered the woman quite feeble on Saturday, without producing any other remarkable symptom. It was not the hemorrhage of Wednesday that did this. Our women presenting such a pulse and other good symptoms the day after a uterine hemorrhage, as this patient did on Thursday, do not sink down a day or two afterwards, from this same hemorrhage, by any means. The next striking link in the chain of diseased action was the diarrhoea, and the woman was quite sick and low *before* there was the least reason to suspect peritoneal inflammation. I suppose there are cases of adynamic or erysipelatous peritonitis without much or even any pain or tenderness, but is this such a case? Now, positively, we have much more reason to suppose the mischief is upon the *mucous* membrane. The diarrhoea, the vomiting, the red tongue, the great desire for cold drinks, the sore throat and mouth, and then that lip. But how happens it that everything is all right about the vagina and uterus? Why is the alimentary mucous membrane affected in preference to the genito-urinary, if I communicated any infection, for it was the latter only that was touched by me on Thursday? The fact is, contagion is a real something which we do not know much about.

While I was thus cogitating, the poor woman continued moaning and vomiting, and I gave some magnesia in a swallow of cold water. This did no good ; and then I gave her ice in junks as large as a chestnut, and told her to swallow them as soon as the corners were sufficiently thawed off. This she liked much. It did her good. The vomiting abated immediately. She took it frequently. I had no faith in calomel and opium, and at midnight I retired, directing the attendants to give only ice and gum water according to the patient's desires.

Wednesday, 9 o'clock, A. M.—The patient has vomited a little only three or four times since commencing with the ice, and is in all respects more comfortable. The distention of the abdomen is by all judged to be less, bowels quiet. Continue the fomentation, and re-apply and continue, as the patient can bear, the turpentine once in six hours ; try a little porridge and broth ; give injections of broth and gruel—gum water and ice if desired, and one twelfth of a grain of acetate of morphia in pill, once in three hours. 7 o'clock, P. M.—The vomiting has ceased entirely, the tongue is more clear and less red, bowels still inactive. Finally, the general appearance of the patient is quite as favorable as in the morning. I now substituted hydrargyrus cum creta, combined with a little ipecac. and opium, for the morphine, and added arrow-root to the nourishment.

Thursday morning. The appearance of the tongue is still farther improved ; other symptoms about the same as last evening, excepting that nervous symptoms have become quite manifest—the patient is delirious and too much disposed to doze. Still no movement of the bowels. Continue the powders without any opium, and the nourishment regularly, the fomentations, &c.

Friday morning. The tongue is nearly natural, yet the countenance, pulse and breathing indicate that the patient is sinking. The tympanitic distention of the abdomen is decidedly greater than at any previous visit. I would say it is *very great*. Give wine, &c. Early in the afternoon of this day the patient expired. No *post-mortem* examination.

In giving the above sketches, I have occupied more space than I thought would be necessary ; yet I have studied brevity, and omitted, perhaps, some things which ought to have been given to enable the reader to judge whether there was any connection, as cause and effect, between the cases. But if I had free liberty to occupy a dozen pages of this Journal upon the subject, it would still be impossible for me to impress the reader with the same views and convictions which I entertain. He knows not my experience, fidelity, tact, and ability to discriminate ; and I shall therefore only briefly give it as my opinion—after having witnessed the result of both cases, and subsequently referred to authors—that I was the medium through which an infection was communicated from one patient to the other ; that the disease of Mrs. L. was an *erysipelatous gastro-enteritis* (add *puerperal* or not, as you please) ; that there was no peritoneal inflammation, but that the disease of the mucous coat of the bowels, together with a deficient supply of nervous energy, so weakened the muscular coat of the same as to cause (with the forma-

tion of gases) the tympanitic distention of the abdomen, as in typhus fevers; that this disease or inflammation commenced first in the bowels causing diarrhœa, extended to the stomach causing vomiting, and to the throat, mouth, and even the lip; that in each of these several places the inflammation *naturally* began to abate in from twelve to fifteen hours after commencing in or reaching to it; that at the time of death the *whole* of the mucous membrane of the alimentary canal was in a measure restored to a healthy state; and that the patient would have recovered but for the pernicious effects of the infection upon the nervous system.

February 20th. The foregoing views were all entertained and nearly all committed to paper previous to this day. This day I have been called to the family of the deceased Mrs. L., where I found her eldest daughter, who attended much upon her mother, sick with a fever, and having a diarrhœa resembling, *according to accounts*, that of her mother. From this patient I went some fifty rods to see a Mrs. Ward, who visited and more or less waited upon Mrs. L., and who was taken at about the same time and with the same febrile symptoms as this daughter, both having soreness of the throat. In Mrs. Ward's left ear erysipelatous inflammation commenced about eighteen hours before I visited her, yet I observed one blister upon the ear full one third of an inch in diameter, and the inflammation was fast spreading towards the cheek.

Ashfield, Mass., Feb., 1844.

CHARLES KNOWLTON.

A DEFORMED CHILD SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INSTITUTION.

[Communicated for the Boston Medical and Surgical Journal.]

The following account of this case is copied from my note-book.

September 14, 1843.—Wm. Willis, Esq., with Mrs. Willis, child and nurse, arrived from Portland, Me. The child is a boy about 5 months old. He exhibits the following singular deformities. Both hands are permanently flexed and pronated (see fig. 1). The wrists are partially dislocated. All the fingers, and the thumb of each hand, are contracted. The thumbs are sub-luxated by the preternatural contraction of their abductor muscles. The shoulders are curled in towards each other, so as to leave only the space of one inch and three fourths between them, measuring across the breast, in front, from one to the other.

The left thigh is permanently flexed, on the pelvis, to an angle of 45 degrees, and the left foot is clubbed. The right foot is also clubbed (double varus of the 3d degree). The right leg is completely twisted round, so that the calf and heel are in front—the foot looking directly back. The tibia is on the outside, and the fibula is on the inside of the leg. The knee-pan is felt in the ham. The whole lower leg, and all the apparatus by which it is naturally moved, are completely reversed. The knee can be but slightly bent. The body and head of the child are symmetrical, and the countenance intelligent. The child is the offspring of healthy parents. No deformity can be traced on either the

paternal or maternal side of the family. The grandfather, on the maternal side, is the Chief Justice of the State of Maine, Ezekiel Whitman, LL.D. ; and on the paternal side, Benjamin Willis, Esq., of Boston. The father, Wm. Willis, Esq., is a prominent lawyer of Portland, Me. There is no reason to suppose that the deformity of this child is in any way hereditary. The mother was alarmed, previous to his birth, by the discovery of her own house being on fire, in the night, which burnt to the ground. She imputes the mal-formation of her infant to this cause, and perhaps not without reason.

19th.—Divided the palmaris longus, in the right hand. Also the tendons of the long flexor muscles and the abductor pollicis pedis in the right foot ; and the tendons of the long flexors in the left foot ; and put on an extemporaneous apparatus upon both legs. This consisted of a metallic belt, extending round the back and resting on the hips, with uprights on each side, extending to the feet, with joints corresponding to the joints of the leg ; and so constructed as to turn *out* the left foot and leg, and turn *in* the right foot and leg. This was made of malleable iron, so that it could be easily bent to any necessary angle, and still stiff enough to sustain the position in which it was placed.

Drs. J. C. Warren, Hayward, Townsend, Z. B. Adams, Homans, Fisher, Perry, the lamented Wiley,* Lane, J. Mason Warren, and Lewis, saw this patient before treatment commenced. The case was evidently looked upon as one which offered very little hope of relief. Still, no discouragement was thrown in the way of any judicious efforts which might be made for the restoration of the child.

23d.—This is the fourth day since treatment commenced. The child was quietly asleep in half an hour after the operation on the 19th inst. The leg is nearly restored to a natural position. The knee-pan is now in its place, instead of being in the ham as it was four days ago.

October 18.—Divided the abductor pollicis, in the left hand, which very much liberated the thumb.

December 4.—The child has now been at the Institution about eleven weeks. It is plump and healthy. It will return home to-morrow, about as straight in its limbs as most children. The only difficulty to be apprehended is the one I stated to the parents, when I first saw the child, viz., that there may be a deficiency of nervous influence ; and that the muscles, in consequence, may not have their full and complete action. It is to be hoped, however, that by perseverance in a judicious course of treatment, the nerves will be excited to a healthy action, and that the muscles will perform their appropriate functions.

It was a subject of regret to me, that the medical gentlemen who examined this child, when it was first brought to Boston, could not have seen it again immediately before it left ; but circumstances prevented. Dr. Winslow Lewis was the only one of them who saw it immediately (and I believe on the day) before it was taken home. As the transformation was so great as to be in danger of staggering the credulity of some,

* Dr. Wiley has since deceased, leaving a character worthy of imitation.

I have requested him to state the facts, as they appeared to him on his first, and also upon his second, examination.

J. B. BROWN.

Boston, Feb., 1844.

FIG. 1.



FIG. 2.



Fig. 1 represents the child as it was when it came.

Fig. 2 represents it as it was when it left.

I witnessed, with the greatest interest, the happy termination of the above case, as I visited the little patient in his very deformed state, which is accurately described by Dr. Brown; and although aware of the great success of orthopedic surgery, I did not anticipate that so much could have been effected. The cure is complete as regards the position of the extremities, and eminently shows the judgment and skill of the operator.

WINSLOW LEWIS, JR.

ANOMALOUS CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

THURSDAY morning, July 6th, 1843, was called to visit Mrs. P., æt. 53, of a temperament decidedly nervous, delicate and meagre habit, never a mother, a victim of frequent intestinal disorder, as indigestion, severe colic and intolerant stomach. On inquiry, I learned that her general health had been improving for a month past and had attained an unusual integrity. About a week previous she experienced a transient soreness over

the entire surface of the body, and three days afterwards a very troublesome formication in the left lumbar and gluteal region. On the next day there came on slight spasmodic action of the muscles of the leg of the same side, which gradually increased in intensity till the evening of the 5th, when medical aid was called, although she had pursued her domestic duties through the day, alternately sitting and walking as the paroxysms approached and receded. I could detect no error in any of the vital or natural functions, while the sensorial functions were perfectly clear and undisturbed. She was now exercised with spasmodic movements of the voluntary muscles of the left side, from the leg to the shoulder, which observed an exact periodicity, making an invasion once in about five minutes and remaining two, invariably ceasing suddenly and with a violent flexion. The spasms were mostly clonic, and so violent that she would request to be held as they approached, and was once violently thrown from the bed upon the floor. The head now participated in the motion, the humerus seemed ready to start from its socket, while the sensation and power of voluntary motion in the leg were perceptibly impaired by every successive orgasm. The physician who saw her the previous evening, left valerian and tr. opii. The latter procured an hour's sleep and somewhat diminished the intensity of the paroxysms, but they afterwards returned with redoubled energy. Every potent antispasmodic was tried without any valuable impression. The energies of the system were fast wasting, while the muscles about the neck and head were participating more and more in the action. Premised croton oil and adjuvant cathartics, and thinking the diseased action might originate in the spinal medulla or its theca, I applied a blister extending from the occiput to the lumbar region.

7th.—Consulted with Dr. Elton, of Watertown. He located the essential fault in the intestinal canal, and advised continued cathartics, followed with antispasmodics per mouth and rectum. No essential change in the spasms; were strictly periodic, period a little prolonged, occasionally tonic. The head underwent the same violent movement backward and forward, the contractions moving in a kind of undulating order, as it were, successively from the leg to the arm and head, though the determination of action was upward, the leg becoming gradually less convulsed and sensible. The patient continued completely conscious, and complained of no pain except the increasing exhaustion. The pulse were quick and frequent, and the body covered with profuse perspiration. Gave morphia and hyoscyamus.

8th.—Alarming exhaustion, colliquative perspiration. Spasms as before; confined mostly to the head and shoulders. Lower limb nearly paralyzed and insensible. Continued wakefulness as from the first. Muscles of the face, articulation and deglutition not affected; respiration but little hurried in the intervals.

P. M.—Attendants said she was sleeping quietly. Found her in a profound apoplectic stupor; cephalic veins turgid. Venesect. 16 oz. with amendment. Same in right arm, 12 oz. with the use of diffusible stimuli; gradually revived. The spasms continued very light, and came

on at longer intervals, and in four hours entirely ceased. There remained complete paralysis and loss of sensibility in the leg, both gradually diminishing towards the upper extremity. From this date improvement was rapid; sensibility and the power of motion gradually returned, and at the end of three weeks patient walked in the garden and resumed her domestic avocations.

Aug. 1st.—Was again summoned to see Mrs. P. Found the muscles of the *right* side, chiefly of the head, scapula and arm, in a state of rapid and *continuous* clonic spasms; lower limb not affected. Had felt *strangely* for a day or two previous, vision being indistinct and obstructed by illusive flocculi and irides. Mental perceptions unobscured. Resorted to counter-irritation over the spine, cathartics, antispasmodics and revulsives.

2nd.—No amelioration. In the afternoon patient was suddenly seized with a frightful epileptic convulsion; four others followed in regular periods of about fifteen minutes. Obtained, through vigorous measures, an interval of consciousness lasting half an hour. Two other convulsions followed rapidly, and ended the scene, the spasms continuing to the last breath.

I state this case simply for its *facts*, without attempting to *speculate* or *classify*, though it might be easy to do so. Abnormal manifestations of the motive principle of the muscular system are comparatively well understood since the researches of Sir Charles Bell and Marshall Hall, but every physician, if I mistake not, who meets with them, will often acknowledge the obscurity of their pathology, especially its uniformity, as well as the absurdity of a corresponding *systematic* treatment.

Middlebury, Ct., Feb. 20, 1844.

ROBT CRANE, M.D.

DR. WELCH'S ADDRESS.

[We have already mentioned that Dr. A. Welch, of Wethersfield, Ct., delivered the last annual address to the candidates for degrees and licenses in the Medical Institution of Yale College. A printed copy of it is now before us. It comprises, as such an address should do, the instructions and warnings which age and experience, with proper qualifications, can impart to those who are just commencing the duties of an arduous and honorable profession. These qualifications are possessed by Dr. W., as this address abundantly testifies. A few paragraphs—not perhaps the best—here follow.]

Among the many points to be attended to in the discharge of duty to your patients, that of giving *written* and *intelligible* directions for the administration of medicine and diet, is of no small importance; an omission of this part of duty has sometimes led to ludicrous, if not to disastrous consequences, as evinced in a prescription of "*leeches* for the *stomach*," which were employed in a manner not the most congenial with a fastidious taste; and in another case, where the patient, who was directed to take his medicine in any "convenient vehicle," not comprehend-

ing the full import of his instructions, was found by his physician quietly seated in a *wheelbarrow*, as being in his estimation the most convenient of all *vehicles*.

In these days of popular excitement, it may not be amiss to warn you against entering the lists as *political* champions, or embarking in the party controversies which so eminently mark the age in which you live. It is the duty of every educated man, to whatever profession he may belong, to be familiar with the great and cardinal principles of human government, and with the fundamental principles and doctrines of the Constitution. In common with all others, it is your privilege, and your duty no less than your privilege, to examine critically and seriously into the principles of the conflicting political parties, wherever such parties exist, and to adopt such a course as in the exercise of an *enlightened conscience* and an *honest judgment*, will best promote the public good. This an honest man always will do, when not given over to the uncontrolled dominion of party spirit; and this an honest man always can do, without forfeiting the confidence or friendship of his employers.

In doing this, avoid becoming partisans. Neither duty to yourselves, your patrons, or your country, requires that you should leave the laudable and quiet pursuits of your profession, to engage in the bitter political conflicts of the present day. The political manœuvring of the age in which we live is a trade, not to be learned or skilfully practised, while engaged in the pursuits of the benevolent profession into which you have entered. Avoid it, notwithstanding those who are personally interested may occasionally withdraw their patronage, move the tongue of slander, and raise the hand of persecution against you. Bear it meekly; you will have the approbation of the best portion of the community and of your consciences.

It has been truly said, "the praise of honest men, and the abuse of rogues, both aid in the attainment of prosperity in the world." Endeavor by all honorable means to merit the first; and if you avoid the sectarian strifes and political intrigues of the present day, and discharge all *professional* and *moral* obligations in accordance with the dictates of your enlightened consciences, you will have your full share of the last.

A poet, whose name will never be forgotten, has said, "an undevout astronomer is mad;" and if a contemplation of the wonderful works of nature be calculated to fasten upon the mind an abiding conviction of a great First Cause, and lead the soul to an intimate and hallowed communion with the divine Author of all existence, whether animate or inanimate, it would seem impossible that such a being should exist as an undevout physician. Your studies lead you to an intimate acquaintance with *man*, the crowning work of the Almighty, "so fearfully and wonderfully made;" and if to that knowledge, which few except those of our profession are privileged to acquire, of this curious, complicated, wonderful exhibition of power and wisdom, you add the ten thousand other proofs of the agency of a great First Cause—of the wisdom, power and benevolence which are stamped on all his works, it would seem that skepticism could find no place in your minds. With all the light which

is so abundantly shed around you, I will not so far degrade your understandings as to indulge a fear on this subject. It will become you, gentlemen, to cultivate in your own minds a firm belief in the doctrines of the Bible, and by all means encourage and strengthen the hopes of those, who, in the hours of physical sufferings, are sustained by the truths of those doctrines. The time has been when skepticism, and a denial of the truths of revelation, were considered as evidences of superior discrimination, and when many misguided members of our profession advocated the doctrines of Voltaire and Hume. Those days are past; and a careful study of the truths of the Gospel and of science, and of the adaptation of the organs and functions of the body, to sustain the immortal part, will at all times strengthen your faith; for science and philosophy are in strict accordance with the principles of the Christian religion.

You will find this, as all others have found it, a world of trial; and in many instances, unless more highly favored of Heaven than the rest of mankind, clouds will thicken around your heads; thorns and briars will grow up in your path; and you will sometimes experience that desolation of spirit and sickness of the heart, which friends cannot heal, and for which earth has no remedy; at such times you will deeply feel the necessity of a friend and comforter. To such a friend and such a comforter, religion directs your attention. It offers you support under severe trials; rich and abiding consolations in the deepest afflictions, and light in the darkest hours; and promises you at last a home in a heaven of unending joy.

DR. HARRISON'S LECTURE.—MEDICAL ETHICS.

[**PROF. JOHN P. HARRISON**, of the Medical College of Ohio, delivered a lecture in December last before the Ohio Medical Lyceum, on the subject of medical ethics, which has since been published. In it we discover marks of the deep thought, the love of science, and the high moral principle, which have been displayed in the author's former productions. An extract from its pages will perhaps be more acceptable to the readers of the *Journal* than any remarks of ours. Under the head of the "obligations physicians are under to the profession of medicine," Dr. H. remarks:]

Medicine is neither a perfect, nor a stationary science. It incessantly demands at our hands assiduous efforts to augment its resources, multiply its data, and enhance its certainty.

The physician, therefore, who neglects its culture, who foregoes opportunities of imparting strength to its already established truths, of rectifying errors, and of discovering new facts, or of placing familiar phenomena in lights novel and useful, proves derelict to the just claims of the profession, and outrages the holiest sympathies which can bind intellect and moral sensibility to practical usefulness. For what purposes, to attain what ends, have we chosen medicine as our avocation in life? Is it that we may merely gain a comfortable subsistence by dealing out drugs? Or is it that we may escape from the necessity of corporeal toil,

and thus turn aside the malediction uttered upon the fall of man? Or do we desire to figure away in borrowed robes of dignity, assuming an importance at once meretricious and contemptible? No! Upon neither of these rotten and insecure foundations do we stand; but whilst we desire to have our labors suitably rewarded by society, and confidently expect and demand from those around us the respect due to well-meant endeavors to be useful, we are determined to render a due equivalent for all we obtain. We will not compromise our sense of self-respect by indulging an expectation of reaping where we have not sown, or of enjoying the fruit of other men's labor without contributing our best to the well being of society.

To the profession we are under a primary obligation to exercise a candid, ingenuous spirit, which will urge us to seek truth, and to embrace truth, with strenuous diligence. In obedience to this end we will read much, reflect much, observe attentively, and make daily records of all such matters as relate to medical science. In this stirring, eventful day of mental activity in all the departments of man's efforts to ameliorate his condition, and to promote his dominion over the earth, our science sleeps not in the dreamy bowers of speculation, nor do physicians, as in former times, waste their days in framing conceptions of what nature can or ought to do, for the recovery of their patients. To keep up the spirit of improvement, mind must come in daily, hourly collision with mind. The physician who does not read daily, by which he will be enabled to participate in the onward progress of the science and art of medicine, can never be enrolled among the sons of light in this enlightened era of knowledge.

I would most earnestly advise you, gentlemen, to select for your repeated and diligent perusal the most approved authors in the different departments of medical science. Drink large and copious draughts from these fountains of light, and deeply have your minds imbued with their trains of thought, and your judgments matured by their high tone of original conceptions. When engaged in the active duties of your profession, do not pretermit the careful reading of at least one medical periodical, that you may from its well-stored pages of judiciously-selected, and of original matter, ascertain what the profession is doing all over the civilized world to advance the science of healing to a more commanding height of glory and utility. Every day new truths are starting forth from the depths of nature; and fresh discoveries are throwing the rich splendor of their light on the principles of the science.

Make each day a critic on the last. Review your cases with calm, analytic thought, and let not self-love blind you to a just perception of the mistakes you may have committed in the pathology and treatment of disease. Make *post-mortem* examinations whenever you can; for this is the way by which many unexpected truths have been obtained, which could never have been reached, without the opening of the dead for the benefit of the living. Ever maintain an elevated standard of professional reputation. To this end often revolve in your minds the noble scope and beneficent bearings of your profession. Think of its intellectual ex-

cellence, of its moral dignity, of its benevolent applications. Tire not in the luminous race before you; grow not weary amid the toils, and shrink not from the high responsibilities, attached to the practical duties of the profession. Amidst all discouragements, all privations and labors, hold your profession dear, and with unabated zeal and devotion persist in cultivating your minds more and more by reading, writing and thinking, on the wide, diversified topics which are so lavishly displayed in this department of human knowledge. And when your steps totter towards the grave, let your laudable example and useful lives attest the depth and earnestness of your consecration to this good and glorious service. Let the young aspirants of professional renown catch the spirit which shall have animated you through life, and on their shoulders drop the mantle when you are ready to shake off this mortal coil.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 6, 1844.

BIBLIOGRAPHICAL NOTICES.

1. *Anatomy and Surgical Treatment of Abdominal Hernia*.—Here is a great and valuable work, so well known that any attempt to portray its character would be entirely unnecessary. Who has not heard of the renowned achievements of the late Sir Astley Cooper—the surgeon of modern surgeons—who has left the impress of his genius on the age? In regard to the edition which Messrs. Lea & Blanchard, of Philadelphia, have just published, it is due to them, in consideration of the manifold exertions they are making for the progress of medical science, to say that a more valuable publication has not been offered the medical public for a long while. It comes from the second London edition, by C. Astor Key, of Guy's Hospital, enriched by an immense number of minute drawings, illustrative of the text, on twenty-six plates. It was therefore a costly undertaking for the publishers, and we cannot but hope that the profession will give this valuable work all the sustaining influence in their power. Such re-prints are required: books must be circulated—and “men will run to and fro, and knowledge be increased,” if suitable encouragement is offered by those for whom unwearied efforts are making by medical publishers.

No particular description of the contents of *Cooper on Hernia* can be necessary, since the work has an universal fame. Those who do not own one of the old edition, have now a good opportunity for obtaining an improved copy, enriched by the experience and researches of a competent editor. Messrs. Ticknor & Co., Boston, have it on sale at a reasonable price.

2. *Elementary Treatise on Human Physiology*.—From the preface we learn that this is a translation from the fifth and last edition of *Précis Élémentaire de Physiologie*, in which the science is brought down to the present time. As remarked in regard to Cooper on Hernia, who can be igno-

rant of Magendie's Physiology? If it ever had a place in the estimation of American readers—and what translation ever circulated more extensively?—how much higher are its claims in the present instance. Dr. Revere, Professor of Theory and Practice in the University of the City of New York, has enlarged and illustrated it by cuts and numerous diagrams. In a word, no gentleman of our acquaintance understands what students require in this department of science, better than Dr. Revere. He is constantly brought in contact with them, and in his official relationship as a teacher is made familiar with their special wants in study. With all this experience necessary to guide him, and a discriminating judgment to carry out the plan that he had conceived, he has completed the undertaking of re-introducing this respectable French physiologist to his friends and the profession in the United States.

"There are men," says the translator, "who have successfully applied the experimental method to the study of life; great discoveries have been the fruits of their efforts; science is enriched—extended, but its general form, its method of investigation, remains the same; and by the side of the phenomena of the circulation of the blood, of respiration, muscular contraction, &c., are placed, in the same line, such metaphors as the *organic sensibility*, or such offspring of the imagination as the *nervous fluid*—or such unintelligible expressions as the *vital force* or *principle*. The object of this work is to endeavor to change the state of physiology in this respect; to lead it back to positive facts; in one word, to impart to that beautiful science, the happy renovation which has taken place in the physical sciences."

Dr. Revere's object, after these observations, cannot be mistaken. We are not ignorant of the light manner in which this translation is viewed by some of his cotemporaries; but we like it exceedingly, and feel sure that others will, on giving it a fair and honest examination. It is published by the Messrs. Harpers, of New York, and may be had at Ticknor & Co.'s, Washington street, Boston.

3. *Pharmacologia*.—Of the importance of knowing the theory and art of prescribing, no one would so far commit himself as to presume to doubt. In 1812, Dr. Paris's celebrated *Pharmacologia* first appeared, and it was hailed with delight. Time has made no alterations in the principles upon which the art of prescribing is based, but the discoveries of new remedies in nature, and new combinations through chemical agencies, render it necessary to be vigilant to keep pace with both. Without altering the essential character of the original book, each successive edition has presented an increased claim on the score of improvement. It could not be otherwise, since the author, like all other sensible men, admitted that medicine was a progressive science. Lastly, Dr. Lee, of New York, from the ninth London edition, has brought out the one now before us—re-written, in order to incorporate the latest discoveries in physiology, chemistry and materia medica. All the previous American editions have been in demand, but they were all out of print when this was given to the press. "It is the only treatise," says Dr. Lee, "in the English language, which gives a full and extended view of the philosophy of medical combinations—as it is the only one from which can be satisfactorily deduced the true theory and art of prescribing. A desirable point seems to have been to fit the work for students. This is a desideratum, in a country where schools of medicine are as numerous as fortifications

on the sea-coast. Books must be constructed with reference to them; and especially, those professing to be strictly elementary. Of Dr. Lee's competency to conduct the reader from the lowest step to the highest elevation in the temple of medical science, those who have a knowledge of his indefatigable literary services of late, will not deny. A mere catalogue of the books to which his name is prefixed, exhibits the results of unceasing industry, and shows how much can be accomplished by an individual who is yet only in middle life. Published, also, by the Harpers, and for sale at Ticknor's, as reasonable in price as could be expected.

4. *Anatomical Atlas*.—Part II., containing ninety-one figures, illustrative of the structure of the human body, by H. H. Smith, M.D., has been sent to us by Messrs. Ticknor & Co., who have it on sale. Part I. we have not yet seen. It is a beautiful, as well as particularly useful, design, which should be extensively patronized by physicians, surgeons and medical students. There are to be five parts in all. Messrs. Lea & Blanchard, of Philadelphia, are the publishers, which is a guarantee that the conception of the author will be fully carried out in every particular. We cordially invite our friends to call and examine this one specimen, with a hope that they may by-and-by see the whole series at the office of this Journal.

5. *Thoracic and Abdominal Diseases*.—Few men have a more enviable professional reputation than Dr. Chapman, of Philadelphia, the teacher of Theory and Practice in the University of Pennsylvania. Messrs. Lea and Blanchard have just given us one of their fair volumes from his pen. It is a book of lectures delivered in the University of Pennsylvania. Much curiosity will be evinced to see this chart of Dr. Chapman's views on certain diseases, since his opinion has been high authority in the schools of this country, for many years. Without entering into minute details, it will be sufficient to refer to the topics discussed, and leave the analysis of these lectures to the labor of the reader.

He treats, first, on *phthisis pulmonalis, cynanche laryngea, asthma, and angina pectoris*. Secondly, on some of the diseases of the stomach, viz., *gastritis, chronic gastritis, organic lesions of the stomach, and dyspepsia*. Thirdly, on some of the diseases of the intestines—as, *enteritis, chronic enteritis, duodenal dyspepsia, chronic fluxes of the bowels, and constipatio*. Fourthly, on some of the diseases of the liver—*hepatitis, chronic hepatitis, congestion of the liver, and hepaticula*. Fifthly, on some of the diseases of the spleen—as, *splenitis, chronic splenitis, engorgement of the spleen, and chronic congestion of the spleen*.

Messrs. Ticknor & Co. can supply the demand in this market.

6. *Position and Prospects of the Medical Student*.—On a return, the other day, from a short excursion to Virginia, there was found lying upon our table, a copy of an address delivered before the Boylston Medical Society of Harvard University, January 12, 1844, by Oliver W. Holmes, M.D., which was published at the request of the Society. So many books and papers of various kinds had accumulated in the course of two weeks, which have a special claim on the score of priority, that we are compelled to postpone a particular consideration of this address still longer. We consider it to be uncommonly sprightly—abounding in high-seasoned wit, refined sentiment, biting sarcasm, and a vein of philosophical wisdom that would have been creditable to any of our older writers.

7. *Lectures on Chemistry and Pharmacy*.—At the St. Louis University,

Dr. A. Litton is the Professor of Chemistry and Pharmacy ; and, following the good old custom of the East, when the medical season for lectures commenced, opened his course by an introductory address. It is distinguished for fervency, well-timed expressions, and historical associations. "Upon this spot," says he, "whereon now stand the foundations of this populous city, stretching out her arms to the east, the west, the north and the south, gathering into her garner and her store-houses the wealth, the productions and the manufactures of other climes and nations, a few years since were the hunting woods of the Indian, the play-ground of his infancy—the home of his manhood and the grave-yard of his mouldering bones." As a whole, the lecture is creditable to the author ; he is excited—and who would not be, in expatiating on the same locality, with a clear perception of the high destiny of the city of his adoption ?

8. *Pennsylvania Insane Hospital*.—Dr. Kirkbride, the physician of this beautifully-constructed establishment, is so well known in connection with the treatment of insanity, that he may very justly be called the property of the people. From his last report we have already copied the number of admissions, cures, &c., for the last year. All that part of the report which takes into consideration the value of the garden, farm, workshops, &c., together with some exceedingly sensible remarks on the matter of *restraint*, meets our cordial approbation. A distinct article is appended to the business part of the report, upon the subject of *popular errors respecting insanity*, which is both philosophical, and free from any obscurity. "It may well be asked," says Dr. Kirkbride, "whether other maladies may not sometimes be as much dreaded as this ; whether certain forms of consumption—whether some varieties of cancer and various other malignant diseases, which, through continued suffering, lead on to certain death—whether even blindness, total and irremediable, protracted during a whole life, may not be as terrible as the sorrows of insanity can be, when existing only for a limited period."

9. *Braithwaite's Retrospect of Practical Medicine and Surgery*.—No one pretends there is any exhibition of genius in the simple act of stitching together the productions of other minds. But in the case before us, there is an evidence of judgment and discrimination in selecting from the great mass of medical writings which accumulate in any given period, what is really valuable, and putting in an orderly shape for reference. In this country, the edition published by Messrs. Adee and Estabrook, of New York, has been growing into favor from the issue of the first number. Six parts are now bound into two volumes, minutely revised and corrected, to which has been added an analytical index of each part, making the whole still more valuable in that respect than it was before. Messrs. Jordan and Co. are the agents for Boston.

Notices of other works must be deferred till next week.

Medical Appointment.—Charles A. Lee, M.D., of the city of New York, has been appointed to the chair of *Materia Medica* in the medical department of Geneva College, western New York, and has accepted the appointment. Although Dr. L. has become intimately identified with this essential branch of medicine through various publications, he is equally fitted to any other place that may hereafter be assigned him.

Rhinoplasty in Baltimore.—In passing through Baltimore, we had an opportunity of examining the results of the late operation for a new nose,

by Dr. Baxley, of that city. The union of parts was very complete, and the prospect of having a very useful nasal apparatus, when the patient finally leaves the Hospital, is almost certain. It so happens that the flap which makes the end of the new organ, was a little too thick at its upper extremity, which makes a sort of unnatural elevation where it was joined to the original nose. Perhaps the absorbents may yet carry off some of the superabundance from the underside, and thus favorably modify the appearance. At all events, there is now a capital ridge to keep spectacles in place! Dr. Baxley evinced ingenuity and skill in this operation, of which any surgeon would be justified in being proud.

Medical Miscellany.—James B. Abbott, M.D., has been appointed Postmaster at Sandbornton, N. H., in the place of Thomas P. Hill, M.D., resigned.—The erysipelas is said to be raging in Troy, Vt., particularly in the North Village. At one time during last week, there were over forty cases within half a mile. There were also some half a dozen cases of smallpox in North Troy, the first of last week.—Dr. Miller, of Washington, has very honorably cleared himself from all participation in bringing about the late duel in which the boy Cochran was killed by May.—Dr. Hamilton, of Rochester, N. Y., will sail this month for Europe. He will visit all the institutions of most interest, in England, France, Germany, &c., before his return in the autumn.—A new and improved edition of Dr. Dunglison's system of Physiology, has appeared at Philadelphia.—Smallpox has appeared at Pittsfield, Mass., in the Almshouse. It has also appeared at De Soto, Miss., and creates great alarm. It has been particularly severe in the Island of St. Thomas, but at the last dates had abated in violence.—In the Parish of St. Ours, district of Montreal, Mad. Fortier died on the 10th, at the age of 110 years.

TO CORRESPONDENTS.—Dr. Allen's No. 3 of Epidemic Erysipelatous Fever, Dr. Morse's Case of Coffee in the Bronchus, Dr. Hiester's translation on Vibratory Cilia, with other papers before acknowledged, will be inserted as early as room can be found for them.

MARRIED.—In Nashua, N. H., Ebenezer Hunt, M.D., to Mrs. Mary Putnam, both of Danvers, Mass.

DIED.—At Roxbury, Mass., Benjamin F. Parker, M.D., 33.—In Cabot, Vt., D. G. Hubbard, M.D., 32. Highly esteemed as a skilful, prudent and faithful physician.—At Morrisonville, N. Y., Dr. Wm. P. Cleveland. Being sick in bed, he took a penknife, and thrusting it into the groin, severed the external iliac artery, and immediately bled to death.—At Ipswich, Mass., Dr. Joseph Manning, for many years a resident of Charleston, S. C., 76.—In Sussex Co., N. J., Dr. Samuel Fowler.—In Burlington, Vt., Dr. John Pomeroy, a native of Middleboro', Ms., 79.—At Bethany, Ct., Dr. Lucien Spencer, 40—a skilful physician. He was burned to death, with two of his children, by the conflagration of his dwelling house.

Number of deaths in Boston for the week ending March 2, 47.—Males, 23—Females, 24. Stillborn, 3. Of consumption, 8—decay of nature, 1—erysipelas, 1—croup, 2—measles, 3—inflammation of the brain, 1—inflammation of the lungs, 3—worm fever, 2—typhus fever, 1—scarlet fever, 3—brain fever, 1—cramp in the stomach, 1—pleurisy fever, 1—throat distemper, 1—marasmus, 2—palsy, 1—lung fever, 2—cancer, 2—canker, 1—inflammation of the bowels, 2—dropsy in the head, 1—apoplexy, 1—dropsy on the brain, 1—child-bed fever, 1—teething, 2—fits, 1—old age, 1. Under 5 years, 20—between 5 and 20 years, 5—between 20 and 60 years, 16—over 60 years, 6.

Hardened Fæces in the Colon. By Sir B. C. BRODIE.—Persons of the affluent classes, for the most part, attend a great deal to the state of their bowels, and it is necessary that they should all do so. Those who live luxuriant and indolent lives are liable to have their bowels become very torpid, and you may be assured that there is no harm in their constantly attending to their bowels. I have known people belonging to the affluent classes who have been in the habit of taking medicine almost every day. I know one hearty old gentleman, eighty-six years of age, who can walk round the Regent's-park, who has taken an aloetic pill every night for three-score years. I knew another gentleman, who died at ninety-two, who took either an aloetic or a rhubarb pill for the same length of time, and I could give many other examples. But there are others who do not attend to their bowels; scybalæ form in the colon, they pass on to the rectum, but they are not easily discharged per anum. The softer fæces pass over the scybalæ, other scybalæ descend into the rectum, and the accumulation goes on until at last the rectum becomes completely filled up with a great mass of hardened fæces, as large as the fist, and even larger, so that half a pound or perhaps a pound weight may be collected there. The patient now suffers exceedingly, and he—or perhaps I ought to say she, for it is more common in women than in men—has a desire to go to the water-closet. She goes, great pain is produced, but nothing comes away, the bowels being stopped up with these hardened fæces. The nature of the complaint may be ascertained by introducing the finger into the rectum; you there feel the hard mass of fæces. How is that to be got rid of? By injection? An injection will not act on this large mass. You must first dilate the sphincter muscle by introducing the fingers, and then with the handle of one or two pretty large spoons the whole mass may be extracted. A good nurse can accomplish it very well, if you tell her how. Let her take a couple of dessert-spoons and bring away a little and a little more, and when the rectum is nearly empty, warm water injected two or three times will remove the remainder. Until I was aware how much the sphincter muscle might be dilated, I found it difficult to manage these cases. I used to try to accomplish it by introducing a narrow spoon into the rectum and bringing away a little at a time, but that was a very tedious process.

Spurious Saffron.—We have received information from several sources respecting the existence in the market of a spurious saffron, which has been offered at a very low price. In texture and general appearance it is like genuine saffron, of rather a dark color, the light yellow filaments being absent. It imparts no color to spirit or water, and we believe it to be saffron from which the coloring principle has been extracted.—*Pharmaceutical Journal*.

Adulteration of Blue Pill.—At the last pharmaceutical meeting, Mr. Mowbray incidentally stated that he had lately met with a sample of blue pill, in which stearine had been used in dividing the mercury, and substituted for a portion of the conserve of roses, a little otto of roses having been added to give it a flavor.—*Ibid*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MARCH 13, 1844.

No. 6.

OBSERVATIONS ON THE VIBRATORY CILIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It appears to me that the microscope, in its lately-improved form, is too seldom applied to pathological, or even anatomical researches, particularly as the present moderate price of a very useful instrument might place it in the hands of every one. The convenient little instrument called Stanhope's microscope, scarcely more bulky than a twenty-five cent piece, but nevertheless of considerable power, seems to me particularly adapted to pathological investigations.

In order to call the attention of the profession to the interesting work on the subject, by Prof. Donné, of Paris, entitled "*Cours de Microscopie*," just published, I send you, for insertion, the following translation of his observations on the *Vibratory Cilia*.

Reading, Penn., Feb. 25th, 1844.

Very respectfully yours,
JOHN P. HIESTER.

In order to observe the vibratory cilia, one must procure a particle of true mucous membrane from the nose or mouth of a mammiferous animal, or, better still, the edge of a frog's tongue, and place it between two plates of glass in a drop of water; with a magnifying power of three hundred one will readily remark, on the free edge of the fragment, an undulatory movement, of which the cause will not be clearly perceived at first, on account of the rapid motion of the cilia. But by degrees, as the motion becomes slower and the eye is fixed with greater attention, the cilia become apparent, and will be seen projecting from the edge of the shred of membrane like the teeth of a comb, all agitating themselves in the same direction. All the cilia lean the same way, and the vibratory motion is propagated from one point to another, always in one direction. It is easy to conceive how the fluid in which they are plunged, being struck in the same direction by this rapid succession of small impulses, is put in motion itself, and carries with it any foreign particles which it holds in suspension. The vibratory cilia exist over the whole surface of the mucous membrane; and if they are merely seen on its free edge, it is only because they are there thrown upon the clear field of the microscope, whilst in other parts they are confounded with the gray mass that supports them. Nevertheless, by attentive observation

they will be perceived confusedly over the whole of the shred under examination, and its surface will be seen bristled with myriads of cilia in continual motion.

The motion of these little organs is a very curious phenomenon, to which may be fairly attributed the movement impressed upon the fluids in which the mucous membranes are bathed, and is no doubt also the cause of motion in those which circulate in certain canals, for cilia have been detected in many of the ducts of the animal system, such as the Fallopian tubes, the salivary ducts, &c. &c. The motion of the cilia continues a long time after the death of the animal, even upon pieces of the membrane that are detached from the body. It will continue for several hours after it is prepared for the plate of the microscope, provided the shred is continually moistened with water. There are other phenomena observable, that are exceedingly curious, and well calculated to make us reflect upon the association of the elements whose *ensemble* preserve the animal organism. If shreds of the bronchial mucous membrane of a hare or a dog, or, better still, the Schneiderian membrane of man, are placed under the microscope, the following phenomena will be observed:—during the space of several hours, sometimes during a whole day, or even more, no notable change will occur, the motion of the cilia will be continued, provided the water is renewed as fast as it evaporates. But after a certain period of more or less duration, according to the species or state of the animal, the epithelium begins to separate from the membrane which it covers. One sees it detach itself, glide, as it were, to the surface of the membrane, and float entirely free in the water in pieces of greater or less size. The fragments continue to bear their cilia still in motion. But the disaggregation does not stop here. In a little while these fragments are again broken, but not irregularly, or, so to say, at hazard. The division is arrested at a certain point, and you have under your eye regular particles, of very nearly the same size, all having a conical form, thickened at one end, which is rounded, and terminating at the other in a point or tail. These particles are the constituent elements of the epithelium. These are the cones, which arranged side by side imbricated, form a kind of web, or epidermic membrane, like the tiles on the roof of a house. The division is arrested at this point, and, to continue our comparison, like the tiles of a roof, which are removed first in larger pieces and then separated from each other, form so many distinct, regular, uniform pieces, that no longer admit of being divided without being broken. But this is not all. The elementary cones of the epithelium continue to bear their vibratory cilia on their larger end. These cilia continue in motion, and finally, each cone commences an independent movement, and becomes a living being, endowed with those essential properties which we call life. These particles transport themselves in all directions through the fluid in which they float; they contract and elongate themselves to perform these evolutions, and live during a number of hours, until death, either from lapse of time or accidental circumstances, overtakes them. These animalcules perish suddenly under the influence of physical and chemical agents, such as an elevated tempera-

ture, acids, alkalies, &c. I have preserved them alive for more than twelve hours after having seen them detached in the manner just described, from the Schneiderian membrane of the human subject, which I scarcely lost from my sight for a whole day and night. I have showed these animalcules to very experienced observers, who took them for infusoriæ. What is to be thought of the nature and origin of these singular animalcules? They are not infusoriæ engendered by the putrid decomposition of the animal tissue submitted to observation. These animalcules result, I repeat it, from the mechanical division, so to say, and from the breaking-up of the epithelium within a period of time sufficiently short to enable us to follow the progress of their formation and have demonstrative proof of it. They can only be compared, in regard to their origin and formation, to the seminal animalcules which are produced by a process precisely similar. These animalcules are a product of the seminiferous tubes of the testicle. They result from a sort of desquamation from the parietes of these secreting ducts, and at first are mere agglomerations, or masses having a confused motion. The individuals are separated from these masses very much like the vibratory cones from the epithelium, and constitute beings endowed with a free and spontaneous motion. There is a complete analogy in the origin of these two species of animalcules, and there is nothing more extraordinary in the one than the other. The vibratory epithelium is formed of organized particles, supporting by its union the general life to which it belongs, but is capable of acquiring an individual life by separating and isolating itself.

THEORY OF GALL AND SPURZHEIM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the size of the brain has any considerable influence in producing the strength and activity of the mental faculties, I should have supposed that the size of the external organs of sense, would have, long ago, been observed to manifest remarkable degrees of difference in the power of perceptibility; but not a suspicion of the kind has ever been raised. When the Belgian giant was in this city, I put the question to him whether he was aware of hearing sounds or seeing objects at any greater distance than other people, to which he replied that he was not. Indeed, so unconscious was he of the possession of any superior power in the external organs of sense, that the question struck him with a degree of surprise. The size of the organs of sense in this man must have been much larger than the size of the same organs in the general run of mankind, and yet he had never observed any difference. He was aware that he possessed greater physical strength than other men; if his senses had been really superior to those of other people, would he not have also been aware of that? In case of the slightest defect of any of our external senses, we become immediately aware of it by a direct comparison with others in the exercise of the faculty of that sense. The least dimness of sight or dulness of hearing is immediately detected by a compari-

son with our companions. Does the large man, in whom the dimensions of the sense of feeling is four-fold greater than in the small man, feel a greater degree of heat or cold than the small man in the same temperature? Can the one form any better idea of moisture and dryness, hardness and softness, roughness and smoothness, than the other? The class of mental phenomena is so entirely dissimilar to the phenomena exhibited by the other organs, that no analogy can be instituted between them, and all deductions from such analogies, when instituted, must necessarily be erroneous. What does Dr. Spurzheim mean by energy of action, as applied to the brain and the external senses? Does he mean that the retina of a large eye is more sensible to the light reflected from minute objects than the retina of the small eye? That a less quantity of light will affect a large retina than a small one? That a large brain, *ceteris paribus*, can discover distant objects or hear distant sounds which to a small brain are unseen or inaudible? This is the species of power that must constitute superiority in the external senses, which are also a part of the human mind. Can it be meant that a large nerve ramified on the organ of taste, will distinguish sweetness, sourness and bitterness, in substances, where a small nerve of taste can distinguish nothing? Or is it meant that these impressions when made are more permanent and durable in the former than in the latter case? In a matter so palpably open to observation, is it not a little singular that the first information which we obtain of different degrees of power between a large retina and a small one, should come to us through the medium of hypothesis? The image of an object impressed on the retina of a large eye, is larger than the image of the same object on the retina of a small eye, but the image is equally complete in both cases, and produces an equal degree of stimulus in proportion to the mass to be moved or impressed. The permanency also of the impression is likely to be as great in the one case as in the other. It is equally difficult to conceive how the ideas derived from the external senses can be any more distinct, vivid or permanent, in large brains than in small ones. I presume that Drs. Gall and Spurzheim never gave the operations of the mind that particular analysis which is contained in the works of the English and American writers. The supposed analogy, between the functions of the other organs and that of the brain, appears to be the chief groundwork of their system. But how could any analogy, even, between the liver and the lungs, have ever led to the discovery of the oxygenation of the blood? Much less, then, can the exercises of the brain be solved by their similitude to the functions of the muscles and the grosser organs.

Like all medical writers who have made one particular organ their especial study, Drs. Gall and Spurzheim have magnified amazingly its relative importance in the human system. The human brain is a physical organ like the stomach or the lungs, and its size merely is of no more importance than the size of the other organs. A large-sized brain is entirely out of place, and must necessarily be feeble, if the other organs are not in keeping with it. The size of the head must be in proportion to

the rest of the body to possess strength and energy. A large stomach can be of no advantage, if the sanguineous system and the respiratory system are not in a due proportion to it ; its digestive power can be no greater, and its function performed with no more ease.

The number and variety of ideas, derived from the senses, must be the same, be the size of the individual brain what it may. A small brain may give us only a miniature likeness of the external world, but the picture will be as complete and perfect, and appear as large to the brain itself, as if the brain were ever so large. There is one fact in physiology which shows that the size of the brain may be counterbalanced by another principle. It is a well-known fact, that the smaller the size of the individual, and consequently the smaller the size of each organ in particular, the quicker will be the pulsations or motion of the heart, and consequently the quicker will be the train of ideas and of feelings. In other words, the lighter the wheel-work, the swifter the motion ; so that what is lost in weight, is gained in time. The superior vivacity of small people, is proverbial ; while, on the contrary, dulness and heaviness are spontaneously associated with large brains, as if bulk or size were an impediment to, and incompatible with, the ethereal operations of the mind.

John Hunter, as I have observed in a former paper, regarded the stomach as the controlling organ of the system, and every attentive observer of the functions of the animal economy, I think, must coincide with him in opinion. If the stomach is a weak organ, the whole system will be weak, and the mental operations, be the brain large or small, will be weak and feeble. If the stomach be strong, the ideas and feelings will be likewise strong and energetic. The strength of the mental capacity depends upon the strength of the gastric viscera. The energy of the brain is, again, exceedingly dependent upon the respiratory organs. The oxygen of the air has no despicable agency in the vigor and brilliancy of our ideas, in the transport of our feelings, and the rapidity and distinctness of our sensations. Whoever has inhaled the exhilarating gas, or experienced the difference between the country air and the ocean breezes, will find no difficulty in conceiving the important part which the vital air plays in giving energy to the function of the brain. The force of the heart constitutes still another item in estimating the energy of the brain. A languid circulation will produce a languid state of the brain ; and be its size what it may, its functions will more or less depend upon the force of the heart. Now, what rules have Gall and Spurzheim given us to determine the strength of the stomach, the power of the respiratory organs to vivify the blood, or the capacity of the heart to supply the brain with the vital fluid ? The remaining organs, too, all act their part in strengthening or weakening the function of the brain. The phrenologists will reply, " we have supposed all these circumstances to be equal." But how can any opinion be formed of the energy of the brain, unless some rules are established to determine the energy of those organs on which the energy of the brain mainly depends ? If a judgment could be formed of the positive size of the stomach, respiratory organs, or the heart, it would

give us no rule of determining the *degree of energy* with which their offices were performed.

The operation of the external senses forms a part, and no ignoble part, of the mental function ; and what rules have Gall and Spurzheim given us to determine the dimensions of the nerves of these organs ? Are they invariably large when the brain is large ? Does the size of the optic and auditory nerves always correspond to the size of the brain ? Are these nerves always large when the organs of sense are large ? Are the senses of taste, smelling and feeling, sure to be acute when the brain is the most active ? The external senses are the basis of all our knowledge, and I am surprised at the degree of inattention with which they are treated by Drs. Gall and Spurzheim. In the system of these gentlemen, the five external senses hardly appear to be necessary to the acquisition of a knowledge of the external world.

The second prominent principle of Gall and Spurzheim, is that the brain consists of a plurality of organs. It is singular enough that the existence of these organs should have been inferred from the supposed existence of a plurality of metaphysical principles, which they denominate primitive principles—a species of principles always regarded by philosophers with the greatest distrust. How subtle and intangible the principle of Ideality, Comparativeness, or Causality. What two philosophers could possibly give the same definition of them ? To infer the positive existence of physical organs from the supposed existence of abstract principles so extremely problematical, appears to me to be a deviation from every acknowledged rule of philosophizing. Mr. Spurzheim has discovered thirty-five primitive abstract principles, denominated sentiments, propensities and faculties, which he contends must require as many separate organs for their manifestation. I should as soon have thought of searching the retina of the eye for a plurality of organs located there, for the purpose of distinguishing the diversity of objects addressed to the sense of sight, as of searching the surface of the brain for a plurality of organs as the instruments of the diverse mental operations. The eye performs a multifarious office, like the brain, and would seem to require a similar diversity of subordinate organs. There is a plurality of elementary principles in the blood ; does it not, therefore, follow that the heart must have a plurality of organs to eliminate and combine these principles ? The office of the stomach is as manifold as the office of the brain ; does it not also require a plurality of little subordinate stomachs ? How discordant and diversified the sounds addressed to the ear ; how numerous the species of odors ; how opposite the degrees and kinds of sensations produced by the single organ of feeling. The anatomy and organization of the brain, like the anatomy and organization of the eye or any other organ, conduct us to the conclusion that it is a single organ, all its parts contributing to the accomplishment of a single purpose, the production of a train of feelings and ideas.

Dr. Spurzheim has allotted several cerebral organs for the reception and manifestation of the impressions derived from one single organ of sense, the sense of sight ; viz. : Color, Configuration, Size, Individuality,

Ideality, &c. There are thirty-five cerebral organs to receive and manifest the impressions derived from the five organs of sense ; that is, seven cerebral organs for each organ of sense, or in this proportion. The necessity of such an arrangement surpasses my comprehension. In its form, the sanguiferous system corresponds very nearly to the nervous system, and the heart has probably as many branches as the brain ; but yet all these branches, extremely complicated and diversified in their action, imply no diversity in the action of the heart, nor was there ever a diversity of subordinate organs suspected. No analogy of any organ in the system, conducts us to the conclusion that there is a plurality of organs in the brain.

According to the method which Dr. Spurzheim follows in discovering and defining a special faculty of the mind, many more special faculties might be added to the list which he has given us ; more easily cognizable, and more clearly distinguishable from each other. The love of motion is earlier developed than the love of music, and dancing was in vogue before the violin or the piano forte was invented. The gambols of children are more pleasing than the softest music. *Thirst* is as distinct from hunger, as physical love is from the love of gain. Thirst exists without hunger, and hunger exists without thirst. Innutritious liquids will not satisfy hunger, nor solid food satisfy thirst. Perhaps another Charles Bell may discover that these two propensities proceed from two distinct sets of nerves, distributed to the stomach. There should be, therefore, an organ of Thirst. The propensity to sleep is as constant and urgent as the propensity to eat, and the gratification equally pleasant. In some people it constitutes the most delicious indulgence ; and, in many species of animals, it is even stronger, and indulgence in it more gratifying, than in the human species. Why should there not be an organ of Sleep ? The love of intoxication is a distinct propensity from thirst or hunger, and discovers itself among all nations. It is the love of exhilaration, and for the most part originates in the constitution of the nervous system. Why should there not be a special organ for the manifestation of this propensity ? There is also a propensity to see, a propensity to hear, a propensity to taste, to smell and to feel. Why not a special organ for each of these original propensities ?

Peter Camper, a Dutchman of some note, who figured as a physiologist about a hundred years ago, probably in compliance with long-established prejudices, for, in the western part of Europe, he could have had but few opportunities of personal observation upon the subject upon which he treated, invented a method of ascertaining the intellectual capacities of the different races of men, founded upon the different conformations of the frontal portion of the brain or head. Camper contended that the forehead of the white race was more erect than that of either of the other races of men, and that the forehead of the African race was the least erect of all. Gall and Spurzheim have seized upon this hypothesis, for it was but mere hypothesis with Camper, to build up a superstructure of their own. In this city there is from one to two thousand of the African race, and there has always been about the proportion one man of

color to twelve whites. I have often noticed the shape of their foreheads in connection with the facial angle invented by Camper, but could never discover any prevailing difference between the erectness of their foreheads and the foreheads of the whites. In the same number of individuals there is, according to my observation, as great a number of erect foreheads among the African as among the European tribe. In all our American cities, we have had a much better opportunity of deciding upon a fact of this nature than Camper could possibly have had in the cities of Europe, where the colored races are, and always have been, comparatively rare. If there had been any truth in the hypothesis of Camper, would not the fact have long ago become proverbial among us, like the other external peculiarities among the two colors? The shorter hair, the flatter nose, the more prominent heel, have all become proverbial; if the forehead had been really less upright, would it not have been observed, and would the race not have been reproached with it? The color makes the forehead of the African, at first sight, less conspicuous than the forehead of the white man, and, perhaps, it may have influenced our judgment with regard to its height and erectness, and so have originated the error. A retreating forehead, however, does exist in individuals among all mankind; but even the existence of such a conformation of the forehead does not imply, in my mind, any deficiency in the frontal portion of the brain. The brain is a soft mass, and conforms itself, in shape, to the shape of the cranium. The soft parts in contact with the bones always conform themselves to the bones, and not the bones to the soft parts. Dr. Spurzheim evidently supposes the brain to originate the shape of the cranium, and the shape of the cerebral organs to produce a corresponding bump or prominence in the bones of the head—a postulate of the greatest importance to his theory, but which no physiologist would consent to concede to him. The same frontal mass of brain may exist where the bone retreats, as if it were upright. In the former case, the same mass merely reclines, whereas, in the latter, it is forced into a more upright position by the different position of the bone. If the liver or the lungs were to exhibit a similar deviation in shape, is it supposable that the new shape would essentially affect the strength and energy of function in either of these organs? Nature allows great latitude in the shape of all the animal organs, without creating any perceptible difference in the energy of their functions. As little consequence is it to the vital force of the brain, whether one of its lobes is a little larger or smaller than the other. How could it affect the oxygenation of the blood, if one lobe of the lungs happened to be of a little different shape or size from the other; or the secretion of the bile, if one lobe of the liver be twice the size of the other, and of different shape?

There is a singular hiatus between the situation of the cerebral organs as they are described and located by Dr. Spurzheim, and the external organs of sense. Language is oral as well as written, and one would suppose that the organ of Language should be in connection with the auditory nerve. The organ of Music should also be located in the same connection. But the former is located at a great distance from the nerve

of hearing, and the latter not very near it. The organs of Color, Configuration, Locality and Ideality, the anatomist would expect to find in close connection with the thalami nervorum opticom; Alimentiveness, in a continuous route to the nerves of taste and smell; the organ of Combativeness, at the origin of the brachial nerves. What complicated processes the mind must go through in order to form an idea of any particular event, an eclipse of the moon, for instance. - The external senses, the eyes, are barely the preliminary instruments in informing us of a distant object, but give us no idea of its color, figure, size, whether it is a thing or an event, or whether it is an individual object or several objects. The organ of Color determines that the moon, in a total eclipse, is black. The organ of Configuration determines that it is round and not square. The organ of Size determines that it is small. The organ of Comparativeness, that it is less in size than the sun. The organ of Individuality, that it is single. The organ of Eventuality, that the eclipse is an event. Thus the impression made on the retina, goes through six special organs before it becomes a complete idea of an eclipse of the moon, and all these organs holding no anatomical or vascular connection with each other.

The organ of Adhesiveness manifests a propensity to adhere to the same persons; and the organ of Inhabitiveness a propensity to adhere to the same places and things. Now who does not perceive that the distinction here made is founded on the difference between persons and places, or between animate and inanimate objects, and not on any conceivable difference between a propensity for persons and a propensity for places. In the same way the appetite of hunger might be divided into as many special propensities as there are different species of food, and the organ of sight into as many subordinate organs as there are classes of objects addressed to it. Such distinctions neither contribute to information nor to utility; they may be multiplied without end, and invented where no actual differences, in things, exist.

The shapes of the phrenological organs are no less remarkable than their relative situations and their functions. Some are nearly squares, others parallelograms; some are triangular, others are trapezoids. In general, they bear no similitude to any other animal organs. There is a certain law of configuration running through all the animal organs, a certain cylindrical and globular contour or form, easily cognizable, but yet very difficult to define. In the delineation of the cerebral organs, by Dr. Spurzheim, this law is nowhere discoverable; the shapes of the organs have no conformity to each other or to the shapes of the other organs of the animal system.

The special organs of the brain, we are informed by Dr. Spurzheim, are developed, or increased in size, by exercise. The exercise of an organ, in itself considered, has no effect in enlarging its size. The size of an organ depends upon the quantity of blood which it receives in a given time, as I have shown in a paper published in this Journal in July, 1843. The exercise of the brain has no effect in supplying itself, thereby, with an extra quantity of blood, and, therefore, the exercise of the cerebral mass in general, or of any part of it in particular, can have no tendency

to increase its size. The more bile the liver secretes or the greater its activity, the more that organ is emaciated or diminished in size; and such must be the effect of exercise with every organ which, by that exercise, is not supplied with a greater amount of blood. Even the muscles are not enlarged by exercise, of itself; the enlargement is owing to the agency of exercise in forcing into them a greater amount than ordinary of arterial blood, their appropriate nutriment. Muscular exercise, added to the natural force of the circulation, is in this way the great agent, and almost the only agent, in augmenting the size of the body in general and of the brain in particular. The muscles have a known agency in propelling the blood; the brain has no such power, and consequently no power of augmenting its own size. The brain manifests the most perfect passivity, and its phenomena are produced by the action of foreign stimuli upon it. A nerve never manifests the least contractile power. If, in an amputation or any other surgical operation, the end of a nerve is left exposed, it remains exposed, until it sloughs off; it never retracts.

If mankind do not differ perceptibly in the capacity of their external senses, what reason have we to search for a greater difference in their mental capacities? There are instances of idiocy and of *non compos mentis*, as there are of blindness and deafness; but as a general principle, the capacities of the human race appear to me to be very nearly equal; not mathematically equal, for animal bodies admit of no such equality, but physiologically the same. In muscular strength they differ materially; but in the phenomena of the mind, carried on whether they will or not, a class of phenomena which resembles no other but the phenomena of the senses, the individuals of the human race differ much too little ever to become a subject of discussion.

The largest class of brains are not found among those who, from infancy, are educated scholars, but among the laboring class. The brains of the laboring class, like their lungs and stomach, are enlarged by exercise. The size of their muscles is only an index of the size of their brains; the latter are as much larger than the brains of sedentary people, however active may have been their minds, as are their muscles. It is not genius which enlarges the brain, but the plough-handle and the spade.

Providence, Feb. 13th, 1844.

D. B. SLACK.

A COFFEE-BEAN IN THE TRACHEA—DEATH OF THE PATIENT.

[Communicated for the Boston Medical and Surgical Journal.]

OCTOBER 2d, 1843, I was called to visit a child of Mr. S. D., about two years of age, which presented, on examination, the ordinary symptoms of acute bronchitis in a mild form. The disease yielded to treatment, so that on the fourth day I ceased my visits. I learned, however, from the mother of the child, a few days after this, that some difficulty of breathing, and a wheezing sound with a slight cough, still remained.

The child was in the habit of playing with coffee; and she now stated to me that she entertained fears that some of it had been "swallowed"

before I was first called, as it had a "fit of choking," although this was not so severe as to attract much attention at the time it occurred. As I had recently seen several other children who labored under a bronchitic affection, I supposed her fears were groundless. I did not, however, again see the patient.

Subsequently, a physician who pretends to have a *thorough* knowledge of diseases of the chest, and to have remarkable success in their treatment, saw the child several times, and after a *critical* examination came to the conclusion that there was considerable inflammation of the mucous membrane of the *right* lung. As the right side of the chest was somewhat enlarged, he thought the right lung to be the only organ diseased, and if (as the mother of the child suggested to him) coffee had passed down the trachea, it must have lodged in that lung. A cough mixture, with an occasional dose of *rhei et sodæ*, were ordered, with rubefacients externally, and exercise in the open air.

The child continued without much improvement to Nov. 27th. On the 28th I was called again in haste, and found it in convulsions. The day previous it had been exposed to a current of cold air, and eaten a considerable quantity of raisins. I immediately evacuated the contents of the stomach and bowels with ipecac. and sub. mur. hyd., ordered the warm bath, and anti-spasmodics internally. On the following morning it appeared so much improved that we anticipated a happy result. During the day, however, the unfavorable symptoms returned with renewed vigor, and in the evening and night following it had a succession of spasms, which terminated in the death of the little sufferer at 6 o'clock, on the morning of the 30th, forty-two hours after I first saw it.

Autopsy, eight hours after death, in presence of Dr. P. Brown and others. *Right lung in a healthy condition.* Left lung considerably enlarged, and lower portion hepatized. In the left bronchial tube, nearly two inches below the bifurcation, found half a grain of burned coffee. Mucous membrane at this point much inflamed, and the tube enlarged, with the walls thickened and more dense than natural.

Liver one third larger than usual, and adhered to the diaphragm very extensively. It appeared to occupy the lower portion of the chest, and to press the right lung from its native position. This, however, was the effect of former disease. The enlargement of the right breast, without a corresponding enlargement or disease of the right lung, is here explained. When the passage of air through the left bronchial tube became obstructed by the coffee, the right lung, in its efforts to do the duty of both, and coming in contact with an unyielding mass of liver below, forced the ribs forward, and gave that side of the chest its unusual prominence.

Near the cardiac orifice of the stomach the vessels were somewhat injected, exhibiting signs of inflammation.

In the small intestines found one grain of unburned coffee, but no indication of disease.

All other organs in a normal condition.

J. H. MORSE.

Manchester, N. H., Jan. 4th, 1844.

ORGANIC DISEASE OF THE HEART—A CASE.

[Communicated for the Boston Med. and Surg. Journal.]

S. A. H., æt. 35, a blacksmith, of active and laborious habits, and apparently in sound health previous to his present illness, was attacked Feb. 8th, 1844, with pyrexia, accompanied by severe pains in the loins and pelvis, and dysuria. In this condition I found him on my first visit on the 9th, his pulse being about 120. A cathartic of calomel and jalap and a Dover's powder or two, followed by warm drinks, exciting perspiration freely, materially mitigated the pains, and reduced the frequency of the pulse to 84. Under the use of infus. uva ursi, bal. juniper and spt. nit. dulc., the dysuria wore off in a day or two after, so that the case presented the appearance of a simple continued fever of a very mild form; the tongue being thinly coated with a white moist fur, and the pulse only slightly accelerated. In this condition he continued some five or six days, using laxatives, diaphoretics, and a mild antiphlogistic regimen. Once during the time he complained of pain in one thumb, at another time of pain in one of his fingers. But these were of short duration, and disappeared spontaneously.

On the morning of the 17th I found a remarkable aggravation of the disease, accompanied by severe pain in his forehead, increased heat of surface, and a pulse beating 120 a minute. I could not account for this sudden increase of his fever. A full dose of hyd. submur., worked off by salts and senna, afforded but little relief. Venesection to the amount of a pound was afterwards resorted to, with temporary relief only. A dose of morphin. sulph., gr. one third, relieved the severe headache, and this symptom was subsequently kept under by a repetition of the dose once in six or eight hours. The fever continued without abatement.

Feb. 20.—Dr. E. Ives, of this city, was called in consultation, and from this time continued to attend with me. About this time we noticed something unusual in the action of the heart. It pulsated with much force, and something abnormal in its sounds led us to suspect organic difficulty in this organ. He now, for the first time, complained of pain in the region of the heart, for which a sinapism was applied, and subsequently an epispastic. Respiration became too frequent and laborious, while a slight delirium, which had shown itself occasionally for a day or two, seemed now subsiding into a stupor. Death occurred on the morning of the 23d.

Autopsia, twenty-one hours after death.—Lungs and abdominal viscera generally healthy. Some adhesion of left lung to pleura costalis, but not great. Pericardium contained about a gill of a slightly reddish serum. Heart of its usual size. On laying open the right auricle, an irregular orifice appeared, a few lines above the auriculo-ventricular valve, being of about one fourth of an inch in diameter, the effect, apparently, of ulceration. The margin of this perforation was jagged or fringed, while the lips of it projected into the auricle. A probe inserted into the opening passed directly into the *left ventricle*, just below the valves of the aorta. The septum or substance perforated was apparently

a quarter of an inch in thickness. No other part of the heart was found in a diseased state. The foramen ovale was closed perfectly, the site of it being about an inch from the perforation.

From the relative position of the parts, it seems evident that the powerful contraction of the left ventricle, while it was sending blood into the aorta, would force some of it through this perforation into the right auricle. That it was forced through in this direction is also rendered probable by the appearance of the orifice, the irregular lips of which were protruded into the auricular cavity, while there was no such protrusion on the opposite surface in the ventricle.

V. M. Dow.

New Haven, Conn., Feb. 29th, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 13, 1844.

LECTURES, CATALOGUES, &c.

1. *Magneto-Electricity*.—Dr. Nelson Walkly, of Tuscaloosa, Alabama, has given the public an account of "*Two years' experience in the employment of Magneto-Electricity as a remedial agent in disease*," in the form of a compact pamphlet. The author says, very frankly, that no arguments are advanced to show the *quo modo* of the action of magneto-electricity, or upon what principles its remedial powers depend. It must suffice, for ourselves, to say that fifty-six cases of disease are cited by Dr. Walkly, embracing amaurosis, amenorrhœa, angina pectoris, apoplexy, asthma, chorea, deafness, dysmenorrhœa, epilepsy, hysteria, intermittent fever, neuralgia, tic douloureux, paralysis, hemiplegia, paraplegia, rheumatism, &c. &c., alphabetically arranged, and, for aught we know to the contrary, these might have been continued to the numerical end of human woes, which have been subjected to the controlling, all-subduing influences of magneto-electricity. The fact is, Dr. Walkly has been a successful practitioner with his machine; but he runs into the common error of an enthusiastic mind, in supposing that he has discovered or wielded a power that is a sovereign remedy for all diseases.

Since the fall of 1840, Dr. Walkly says that he has been in the almost constant use of his machine, which, by the way, was manufactured by our obliging and ingenious friend, Mr. Daniel Davis, in this city. It is pretty much with new remedies as it is with tea—"far brought and dear bought" gives them an increased value. Now these beautifully constructed instruments are made at our door, and can be had at a reasonable cost, and yet they have no sort of reputation in the city of Boston for relieving distress, for modifying, and much less for removing, diseases.

Highly as we estimate Dr. Walkly's enterprise and determination to lay the elements under contribution for the benefit of man on the bed of sickness, it strikes us that he will by and by turn his attention to some other field for exploration, that will yield him a richer and more certain harvest.

2. *College of Physicians and Surgeons, New York*.—A few years ago, it was not an uncommon remark, that the old Crosby Street College was in

a consumptive condition, and that to raise it to health and distinction was a hopeless undertaking. Look at it in 1844, with its one hundred and eighty-two students, and one of the strongest and most unexceptionable faculties on the borders of the Atlantic shores! It presents no aspect of decay or want of vigor in any of its departments. The fact is, the character of the institution never took higher ground than at the present moment; nor was there ever a period in its history when it stood better in the estimation of a discriminating public.

3. *Jefferson Medical College*.—As usual, there is an immense class in attendance. Three hundred and forty-one students shows that there must be something attractive in the character of the institution. In 1843, forty-seven were admitted to the degree of M.D. All the professors are known throughout the length and breadth of the country, as men of learning, brilliancy, and tact in teaching. This, after all, is the true secret of success in a medical school.

4. *Cincinnati School of Medicine*.—At the queen city of the West, they strive manfully against the medical radicalisms of the day, by teaching the science of medicine in the proper and legitimate way. If the people would sustain those who do so much for the rising glory of Ohio, as the regular body of physicians in that noble and enterprising State, medical impostors would not have an abiding place in the commonwealth. Next to Boston, Cincinnati is the paradise of quacks, as Washington is the elysium of hackmen. But we had in view, when this paragraph was commenced, a word in reference to the Cincinnati Summer School of Medicine. Six gentlemen, distinguished for their attainments in science, have associated for the purpose of giving a thorough course of lectures, from April till October. Dr. John P. Harrison, whom we regard as one of the most profound thinkers of the West, so far as his writings are a chart of a man's mind, conducts the course on the Institutes of Medicine. Our friend, Dr. L. M. Lawson, known as the conductor of the Western Lancet, takes charge of the chair of Theory and Practice. If the undertaking does not succeed, then it will be very certain that medical students, in that region, are incapable of appreciating talents and professional qualifications of a high order.

5. *Albany Medical College*.—The recent catalogue of this flourishing institution, has the names of one hundred and eight students. One is quite surprised at the number of operations performed before the class during the term. Dr. March is an expert surgeon, who keeps to the even tenor of his ways, contributing as much to the comfort and happiness of afflicted humanity, by his skill and kindness of heart, as any gentleman in the whole circle of our acquaintance.

6. *Geneva Medical Institution*.—During the late session, one hundred and ninety-five students were matriculated. Notwithstanding the croakings of some envious spectators, who cannot look with pleasure upon the prosperity of any men or measures with which they are not identified, the Geneva faculty have great reason to be proud of their reputation, since it is certain that the increase of students is based on their merits and daily exertions. We wish the college uninterrupted progress in the way of well-doing.

7. *Willoughby University*.—An endorsement on the last catalogue says that "the new arrangement at Willoughby has bettered the school in every respect." It will be recollected that several of the professors, the

last season, united in organizing a new school at Cleveland, Ohio. Fifty-two students were in attendance at the late term at Willoughby, and everything was going on, at the last accounts, prosperously and satisfactorily.

Pulse of the Insane.—Dr. Woodward, in regard to further investigations respecting the pulse of the insane, writes :—" In the course of the month of February I have examined the pulse of 40 cases of recent and excited insanity, mostly maniacs, some of them in the highest state of violence and fury. Of these 40 cases, *nineteen* were males and *twenty-one* females. The average frequency of pulse with these *male patients* was a little more than 80, and with the *females* a little more than 81.

"The pulse of the insane may be made more frequent by various causes, such as unusual excitement at the time of examination, disease of the physical system, either independent of insanity or more or less intimately connected with it as a cause. It may be stated as a fact, that the pulse of most recent cases of mania is increased in frequency, while in chronic cases it is as slow or slower than in health. The pulse itself, independent of other indications, can never be relied on as evidence of insanity. But if the pulse is uniformly considerably more frequent than in health, in a case suspected to be simulated, it would be a strongly-corroborating circumstance that insanity was *real* and not *feigned*. In the case of Rogers, the State-prison homicide, one of the medical witnesses testified that his pulse was always, when he felt it, as high as 100 in a minute; and after he was removed to this Hospital, for some time it was found every day to be from 94 to 105."

Mortality of Lowell in 1843.—In looking over the neatly-printed sheet of the last year's deaths in Lowell, we were struck with the orderly arrangement of the diseases, the ages, sex, &c. The City Physician, Elisha Huntington, M.D., who prepared the report, was Mayor of the city when the last bill of mortality was the subject of observation in this Journal, and last week was again chosen to the same responsible office. Dr. Huntington makes a good medical officer, and it was acknowledged on all hands, in 1842, that he was an excellent magistrate.

The total number of deaths was 364, without including 34 stillborn. The following is the number of deaths from some of the more important diseases :—Consumption, 73; inflammation of lungs, 16; cholera infantum, 27; typhoid fever, 38; scarlet fever (in 1841, 43), 6; dysentery, 11; inflammation of the brain, 8; croup, 6. Under 10 years of age, 166; over 60 years, 11.

"The foregoing statement," says Dr. H., "has been compiled from the returns of the several undertakers, carefully collated with the reports, kindly furnished by the physicians, and may therefore be considered as very nearly, if not entirely, accurate. It presents the gratifying result of a diminished mortality; the number of deaths being 109 less than in 1842—70 less than in 1841, and 43 less than in 1840. Estimating the population of the city at 25,000, and this is doubtless within the truth, the deaths have been one in 68 7-10 nearly. The erection of a very large number of private dwellings has enabled many of our citizens to occupy more airy and less crowded habitations, than they were formerly obliged to do, and the construction of common sewers, running through the most

densely populated portions of the city, has afforded the means of cleanliness that have not existed till recently. To what extent these agencies have operated, in producing the results just adverted to, it may not be easy to determine; but that they have to a good degree promoted the health and comfort of our people, I have no doubt."

Mortality of the City of Rochester, N. Y., in 1843.—Total number of deaths (29 said to be out of the city), 445. Of these, consumption is reported as the cause of 89; summer complaint, 37; inflammation of the lungs, 22; stillborn, 17; scarlet fever, 16; inflammation of the brain, 15; dropsy of the brain, 12; croup, 10; typhus fever, 8; old age, 10, &c. There were, under 10 years of age, 227; and over 60 years of age, 33.

Beigler, the Homœopathist.—The jury in the case of Dr. Augustus P. Beigler, a German homœopathic physician, have brought in a verdict of guilty. He is to be sent to New York city for sentence. It will be recollected that he resided in the city of Rochester—and that he shamefully mal-treated his wife, so that she miscarried. He also set fire to his own house, with a view to defrauding the underwriters. As a practitioner, he has been much sought after by the lovers of new men and new remedies.

Mechanical Medicine.—A Dr. Banning, from western Pennsylvania, is lecturing in Boston, gratuitously, on the feasibility of curing certain diseases by mechanical means. He has an abdominal supporter, ingeniously constructed, which is represented to be the remedy for many maladies. We have not yet had the gratification of hearing the gentleman, but shall allude more particularly to the subject as soon as we have had an opportunity of judging of the merits of the treatment.

Travelling Manakins.—An opinion seems to be gaining ground, that the fever for popular lectures on the manakin is subsiding. Boston is recognized as the radiant point from whence the travelling manakin lecturers take their departure, as the tin pedlars do from Connecticut. The knowledge, however, which they diffuse, is the kind that is needed: the multiplication, therefore, of these energetic popular teachers, is not a calamity, but a direct benefit. Physicians should everywhere give them countenance and encouragement, so long as they simply explain the mechanism of the human body, in connection with the elements of physiology. Possibly there may be too many in the field at once, in some sections of New England, for their own individual profit. Personal experience will correct this evil—the wider the range, the brighter the prospects. We hope that common school committees will avail themselves of the services of these lecturers everywhere, and secure an advantage of incalculable value to young persons generally.

That inkling for pocketing an extraordinary fee for lectures *exclusively for men*, or *exclusively for females*, on special occasions, is an abomination, inasmuch as they excite a vulgar curiosity to see and to hear things that only belong to professional eyes and ears. Severe as are the comments on Mr. Lambert's lectures to *women*, we cannot admit them here. If the

public taste demands of him such muddy stuff as is represented to have been made use of, all under the cover of science, he must suffer the consequences. Dr. Curtis, who is also travelling and lecturing with a manakin, appears to be exceedingly modest, and careful not to commit himself by any vulgar descents. Such is the fact, too, says report, in regard to Dr. Appleton and Dr. Jones.

St. Christopher Medical Society.—On the 11th of January, the physicians of the Island of St. Christopher assembled at Basseterre, organized themselves into a society, and adopted such rules and regulations as will not only secure the inhabitants against the vandal inroads of quacks, but give security and character to the medical profession in that insulated part of the world. The members eschew the former custom of farming out their services by the year, to plantations or families, and having adopted a tariff of charges, agree to live up to them in good faith in all time to come. Dr. Wm. T. Thurston, late of Portland, Me., is the efficient secretary of the association. We have not room to copy the schedule of charges, which are in most instances higher than among us.

The prominent practitioners of the island are the following, whose names are inserted for the accommodation of correspondents:—J. T. Caines, Howard M. Clifton, Goldsmith Edmund Griffin, R. G. Davoren, Wm. John Griffin, J. H. Walwyn, Wm. Daniel Beard, Wm. Torrey Thurston, Joseph H. Boon, William Jackson.

Harvard University—Massachusetts Medical College.—The following candidates received the Degree of Doctor in Medicine, Monday, the 4th instant :

Frederick Smith Ainsworth, A. B. (Dartmouth), *Erysipelas*.
Ed. Forbes Barnes, A. B. (Harvard), *Epilepsy*.
George Anson Bates, *Physical Signs of Chest Diseases*.
Charles Ed. Buckingham, A. B. (Harvard), *Fallacy of Hydropathy*.
Lyman Bostwick Case, *Odontalgia*.
James Cody, *Typhoid Fever*.
Albert Arnold Haszard, *Gastric Digestion*.
Jonas Welch Holman, *Topical Bloodletting*.
Freeman Hopkins Jenkins, *Pneumonia*.
Augustus Goddard Peabody, A. B. (Harvard), *Tracheotomy and Laryngotomy*.
Edward Brooks Peirson, A.M., *Phthisis in Ulcerated Stage*.
Charles Abner Phelps, A. B., *Dyspepsia*.
John Joseph Scrage, *Enteritis*.
Justin Edward Stevens, *Cholera Infantum*.
William Henry Thayer, *Causes of Phthisis*.
William Ed. Townsend, A. M. (Harvard), *Causes and Treatment of Ulcers*.
Hervey P. Weston, A. B. (Yale), *Lithotomy*.

WALTER CHANNING,
Dean of Faculty of Medicine.
Boston, March 8, 1844.

Pulmonary Consumption.—"Known from the earliest times," says Dr. Chapman in his late admirable treatise on Thoracic and Abdominal Diseases, "and studied, especially of late, with unexampled diligence, and under every advantage, it still proves as intractable in the management, as at the very dawn of medical science. Being fully established, I doubt whether a cure was ever effected of it. Not an instance, at least, have I seen, and I believe that those who report to the contrary deceive themselves, or the truth is not in them. Efforts directed by talent and learning and patient industry, have been rewarded by little success of any value. They have revealed its morbid anatomy, without advancing in any degree our control over it."

This is the honest declaration of a man who has had as ample an opportunity as any medical practitioner in the United States, probably, of establishing the truth of this melancholy declaration. Yet there are unprincipled men who build up a reputation for extraordinary skill in removing this dreadful disease of the lungs; and occasionally some skilful physician has advocated the possibility of its cure. Even now, a new adventurer has stepped into the ring, and positively declares that he has a sovereign remedy—a mechanical contrivance which he adjusts externally to the patient's body! The declaration is too presumptuous for 1844.

The Automaton with Articulated Voice.—We have had the pleasure of examining privately this *chef-d'œuvre* of human ingenuity—the result of eighteen years' unceasing labor, by a German named Faber. It is constructed upon the model of the human organs of voice, the tongue, larynx, &c., being made of caoutchouc. As voice is the sound produced by air driven from the lungs through the larynx, causing a vibration of the chordæ vocales, it is a function of *animal* life; but this function, in animals inferior to man, as well as in the idiot, is limited to the production of the *simple* or *instinctive* voice; while, in intellectual man, it becomes sufficiently complicated for the purpose of articulation. This is regarded as an evidence of man's intellectual superiority. Here, however, we find the same phenomena produced by an apparatus of caoutchouc and a bellows.

The automaton is represented by a bearded Turk, and the articulations are produced by playing upon sixteen keys. We were quite surprised at being addressed by the automaton, in words very distinctly articulated, thus: "Wel-come Doc-tor For-ry." "Please ex-cuse my slow e-nun-ci-a-tion." After giving various other illustrations of his vocal powers, the automaton sang "Hail Columbia, &c.;" as we were about leaving, he said, "Gen-tle-men, I thank you for your vis-it."

But, after all, *cui est bono?*—*New York Journ. of Med.*

Rupture of the Heart.—M. Peste has recently reported to the Royal Academy of Medicine the following case:—A man, 77 years of age, of sober habits, had, about eighteen months previously, been attacked by apoplexy, which left him paralyzed on the left side. For the last eight months he had been an inmate of the Bicetre. On the 17th of June, after a hearty meal, he was seized with vomiting, and from that time precordial pains and anxiety never left him: he died suddenly on the 19th. On opening the chest, the pericardium was seen to be greatly distended; and

on cutting into this, the heart was found buried in a dense clot of blood. On the anterior face of the left ventricle, about its centre, was a transverse rupture, about half an inch in length, and bifid at one extremity. A thin false membrane floated around this opening. The heart was much encumbered with fat. The left coronary artery, at its chief point of sub-division, was dilated into an aneurismal sac, but throughout its whole course it was enlarged to quite the size of the brachial artery, and in several parts it was ossified. The rupture appeared to have been provoked by the vomiting two days before death.—*London Lancet*.

Medical Miscellany.—Five cases of smallpox, and four of varioloid, have occurred among the students of the Botanic Medical College, at Cincinnati, since January. One student died.—Animal magnetism still rages like a fever at the West; they pay almost as well for exhibitions of mesmerized girls, as the admirers of the imposition in Boston.—A new edition, the fifth, of Dr. Dunglison's celebrated system of human physiology, illustrated with hundreds of engravings, has been published.—Dr. Bell's report of the McLean Asylum is published, and a copy has been received. We have not seen Dr. Woodward's report, and therefore suppose it is not yet printed.—Dr. Dwight, of Portsmouth, N. H., says an exchange paper, stated to one of his patients some time during the last summer, 1843, that he had attended, the evening before, the birth of the *five thousandth* child.—Sir B. C. Brodie, after objecting to the publication by the reporters of his present admirable course of lectures at St. George's Hospital, has finally, and we think wisely, consented. He has done this on the representation to him that the benefits to be derived from them would be greatly increased by their general circulation.—Mr. Sheppard, Surgeon, of Stonehouse, Eng., maintains that the proximate cause of insanity is to be found in the blood.

TO CORRESPONDENTS.—Dr. Cook's case of Spasms of the Heart was received too late for this week.

Number of deaths in Boston for the week ending March 9, 35.—Males, 14—Females, 21.

Of consumption, 6—diabetes, 1—marasmus, 2—old age, 2—fits, 1—infantile, 2—abscess, 2—apoplexy, 1—scald, 1—inflammation of the bowels, 2—debility, 2—disease of the heart, 1—cancer, 2—lung fever, 4—crystalpelas, 1—croup, 1—dysentery, 1—dropsy, 1—liver complaint, 1—paralysis, 1.

Under 5 years, 12—between 5 and 20 years, 6—between 20 and 60 years, 9—over 60 years, 8.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Jan.	Therm.	Barometer.	Wind.	Jan.	Therm.	Barometer.	Wind.
1	from 6 to 24	from 29.67 to 29.73	N W	16	from 26 to 40	from 29.10 to 29.19	N W
2	17 24	29.58 29.60	N E	17	21 32	29.22 29.27	W
3	22 31	29.60 29.61	N E	18	7 13	29.43 29.54	N W
4	17 30	29.61 29.62	N E	19	19 38	29.54 29.54	W
5	20 27	29.52 29.55	N E	20	22 50	29.42 29.52	S W
6	23 31	29.30 29.40	N E	21	33 56	29.26 29.33	S W
7	24 41	29.25 29.28	N W	22	32 45	29.18 29.22	N W
8	26 31	28.84 29.01	N E	23	28 39	29.22 29.30	N W
9	16 24	29.09 29.14	N W	24	16 22	29.38 29.52	N W
10	0 17	29.31 29.32	N W	25	12 32	29.65 29.73	N W
11	8 26	29.56 29.61	N W	26	17 50	29.66 29.71	W
12	2 37	29.65 29.75	N W	27	28 34	29.24 29.36	S W
13	13 36	29.54 29.73	S W	28	29 34	29.45 29.63	N W
14	27 36	29.42 29.55	W	29	26 46	29.58 28.69	N W
15	13 34	29.58 29.64	S W				

This month has been cold, but pleasant—a good, wholesome New England winter month; sleighing excellent to the last, more than two feet of snow in the woods at the close of the month. Thermometer varied in the morning from 0 to 33, at noon from 12 to 56, at sunset from 13 to 49. Barometer ranged from 28.84 to 29.75. Rain, 1.44 inches.

Fatty Tumors.—There is another kind of fatty tumor which occurs not very unfrequently, but which, so far as I know, is not described in books. It is a deposit of fat, the tumor not being well defined, and there being no distinct boundary to it, so that you cannot say where the natural adipose structure ends, and where the morbid growth begins. I will mention to you one of several cases which I have seen, and which will explain sufficiently what I know of the matter. A man came to this hospital some 17 or 18 years ago, with a very odd appearance—an enormous double chin hanging nearly down to the sternum, and an immense swelling at the back part of the neck—two great tumors as big as oranges sticking out, one behind each ear. The patient stated that these tumors had begun to form three or four years before, and had been gradually increasing in size. They gave him no pain, but they made him miserable: and in fact had ruined him. The poor fellow was a gentleman's servant, and having such a strange grotesque appearance nobody would hire him. I gave him half a drachm of liquor potassæ three times a day, and gradually increased the dose to a drachm. This was taken in small beer. About a month after he began to take it the tumors were sensibly diminished in size. He went on taking the alkali a considerable time, and the tumors continued decreasing. It was just then that iodine began to have a sort of reputation, much beyond what it deserved, for the cure of morbid growths, and I gave the tincture of iodine. It was curious that while he took the tincture of iodine he lost flesh generally, but the tumors began to grow again. Finding this to be the case, I left off the iodine, and gave the liquor potassæ a second time. He took an immense quantity altogether, and left the hospital very much improved, being directed to continue to take the medicine for some time longer off and on. I had lost sight of him for some time; when I happened to be requested to visit a patient in Mortimer Street. I did not observe the servant that opened the door, but as I came down he stopped me in the hall, and said that he wished to thank me for what I had done for him. To my surprise it was this very man. He had gone on taking the caustic alkali for a considerable time, and you may suppose how much he was improved by his being able to get a situation as a footman. There were some remains still of the tumors, but nothing that any one would have observed. I have seen some other cases of the same kind, and where I have had the opportunity of giving liquor potassæ it seemed to be of great service. But I have not tried it in every case, and I have been informed that in some other cases it has been tried to a great extent without the same good result.

These tumors feel like fat, but there is no distinct boundary, and they are not so soft and elastic as common fatty tumors. This deposit of fat may take place in any part of the body, but I have seen it more frequently in the neck than elsewhere.—*Sir. B. C. Brodie.*

Cauterization of the Wound the most efficacious means of preventing the occurrence of Hydrophobia.—M. Dupuy related to the Academy of Medicine, the history of a case where a person bitten by a mad dog escaped hydrophobia by having the wound freely cauterized. At the same meeting was related the fact, that, at Martinique, eighteen individuals were bitten by mad dogs during one year, that seventeen of these had their wounds freely cauterized and did not afterwards suffer, but that the eighteenth, who did not submit to this operation, was seized with hydrophobia.—*Journal de Pharmacie; and Edinburgh Medical Journal.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MARCH 20, 1844.

No. 7.

BIBLIOGRAPHY OF TOBACCO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having for a considerable period been engaged, at times, upon a work yet in manuscript, entitled “A Treatise, Historical, Literary, Botanical and Medical, upon Tobacco,” I have been surprised to find how much more extensive is its bibliography than I had supposed. I am consequently induced, both as a literary curiosity and as a guide for those who may have it in their power to consult or procure them, to give an account of those productions which have been expressly written upon Tobacco since its discovery in the island of St. Domingo, during the first voyage of Christopher Columbus. The compilation has been the occasional occupation of several years, and is made up from a variety of sources; from lists of public libraries and private collections, from catalogues of booksellers, from medical works, and from bibliographical publications, among which last may be particularly mentioned the *Bibliotheca Britannica*, of Dr. Robert Watt, a work of great research and excellent conception, and if imperfect in some of its parts, such as giving the titles of the books, in the third and fourth volumes, without the names of the authors, yet containing information concerning English literature which might in vain be sought for elsewhere.

The following bibliography shows how much has been written on the subject of tobacco, and how interesting a volume might at this day be produced in regard to it by one who could avail himself of the materials which are and have been in existence concerning it. I shall place first the year, then the author's name, and lastly the title of the book and its size. In some cases I have not been able to ascertain the authors' names, in others the titles of the books, and in others their size, which, of course, render the article to that degree imperfect; it is, however, so far as I know, the most complete bibliographical record of tobacco that has hitherto been in print, and as such I hope it may not prove uninteresting to the readers of your Journal.

1496. Romanus Pane. Treatise on Tobacco, under the name of Cohobba, or Cozobba, and Gioia. This is the earliest work on tobacco of which we have any account; but the existence of any such formal dissertation is somewhat apochryphal. Schlozerz refers to it in his *Briefwechsel* (vol. iii. p. 136), and this reference is copied by Professor Beck-

mann in his *Anleitung zur Technologie*, but other than this there appears to be no clue to any such monograph. It is more probable that what mention Pane makes of tobacco is in a work he actually wrote upon Hayti and its inhabitants. He was a poor hermit, as he styled himself, of the order of St. Jeronimo, and was among the missionaries who accompanied Father Boil on Columbus's first voyage, and with Juan Borgonon, a Franciscan friar, remained in Hayti, when their superior, with an un-apostolic dread of hardships and privations, went back to Europe with the great discoverer. Afterwards Romanus Pane himself returned to Spain, and upon his arrival published a crude dissertation, as Irving calls it (*Life and Voyages of Columbus*, vol. i., b. vi. ch. x. p. 375, 376), on the characteristics and customs of the people among whom he had visited as preacher of "glad tidings." Dr. Watt gives no account of the publication of any such work, or the existence of any such person, but the dissertation referred to by Irving is styled *Escritura de Fray Roman pobre heremito*. Have any of the readers of the *Boston Medical and Surgical Journal* seen such a work, or extracts from it? And if so, the original work itself, or a translation? And where and when was either published, and in what form?

1565. Charles Stephens. *Tractatus de Tabaci*. I have never seen more than the title to this work, and do not know where it was published.

1577. Jaques Gohorri. *Traité des Vertus et Propriétés du Petum, appelé en France l'Herbe à la Reine, ou Médicée*. Paris, 8vo.

1583. Giles Everhard. *De Herba Panacea, quam alii Tabacum, alii Petum aut Nicotianum vocant, brevis commentariolus, quo admirandæ stirpis facultates et usus explicantur*. Antwerp. [In 1659 an edition in 12mo. was published in London.]

1587. ——— Evartus. *De Pana Reu* [a name given to tobacco in 1573]. Antwerp.

1595. William Barlow. *A Treatise describing the Nature of Tobacco*. London, 8vo.

1599. Henry Buttes, M.A. *Diet's Dry Dinners, &c.* London, 12mo.

1610. Edmund Gardiner, M.D. *Trial of Tobacco; expressing its uses in Physic*. London, 4to.

1614. Joshua Sylvester. *Tobacco Battered and the Pipes Shattered* (about their ears that idel idolize so base and barbarous a weed; or at leastwise over love so loathesome a vanitie), by a volley of holy shot thundered from Mount Helicon. London, 12mo.

1614. William Barclay, M.D. *Nepanthes, or the Vertues of Tobacco*. Edinburgh, 8vo.

1616. John Deacon. *Tobacco Tortured in the Filthy Fumes of Tobacco refined*. London, 4to.

1617. ———. *Drinking and Smoking; a solemn, jovial Disputation, briefly shadowing the Law of Drinking*. London. At the sign of the Red Eyes. [This work was sold at auction, in 1835, in London, for £105. See *Waldie's Portfolio*, Part ii., No. v., p. 71.]

1617. ———. *The Smoking Age with the Life and Death*

of Tobacco. London. At the Signe of Teare-Nose. [This book was also sold at auction, in London, in 1835, and brought £3.5s.]

1622. John Neander. *Tabacalogia; hoc est Tabaci seu Nicotiaux descriptio Medica et ejus Preparatio, et Usus in omnibus Corporibus Humanis incommotis.* Ludg. Bat. ap Elz. 4to. [In 1644 another edition, in quarto, was published at the Hague.]

1622. Ralph Thorius. *Hymnas Tabaci et Cheimonopegion; a Winter Song.* Leyden, 4to. [Editions were also published, in Leyden, in 1623 and 1628, and in London, in octavo, in 1627; in Utrecht, in 12mo., in 1644; and in London, Anglicè et Latine, in 1651.]

1626. ——— Lesus. ———. Paris.

1630. Thomas Randolph, M.A. *Dialogue between Wine, Ale, Beer and Tobacco.* London, 4to.

1638. Thomas Venner. *Via Recta ad Vitam Longam, &c.* London, 4to.

1638. ——— Braun. *Smoke of Tobacco.* Giess.

1644. R. Evarti. ———. Ultraj.

1645. L. Ferrant. *On Snuff.* Bourges.

1645. J. J. Gufferri. ———. Palermo.

1650. A. Vitalioni. *Abuse of Tobacco.* Roin.

1650. Fl. Lampagnano. ———.

1651. Peter Hausted, M.A. *Hymnus Tabaco; a Poem in honor of Tobacco.* London, sm. 8vo.

1657. Sir Henry Blount. *An Epistle in Praise of Tobacco and Coffee.* London, 8vo.

1657. Walter Ramsey. *Organum Salutis, or Experiments on the Virtue of Coffee and Tobacco.* London, 8vo.

1657. William Ramsay. *Organon Salutis, an Instrument to cleanse the Stomach; with new Experiments on Tobacco and Coffee.* London, 12mo. [Editions were also published in 1659, 1664.]

1657. J. Balde. *Abuse of Tobacco.* Monach.

1658. Jo. Christ Magnenus. *Exercitationes de Tabaco.* Hag. 12mo.

1659. Ægidus Evartus. *Panacea; or the Universal Medicine, being a discovery of the Wonderful Virtues of Tobacco taken in a pipe, &c.* London, 8vo.

1660. Jacobus Tappius. *Oratio de Tabaco.* Helmst., 4to.

1661. C. Von Mander. [Dissertatio de Tabaco.] Hafn.

1665. S. Pauli. [Tractatus contra Tabaco.] Hafn.

1665. Simon Pauli. [Another work.] Argent.

1667. ——— Frederici. [Tractatus de Nicotiaux Tabaci.] Jeux.

1669. B. Stella. [Storia del Tabacco, concernante la sua Scoperta, e la Maniera di Coltivarlo.] Rom.

1672. King James I., of England. *Counterblast to Tobacco.* London, 4to. [This treatise was included in his collected works, in folio, in 1616, and previously had been published anonymously by itself.]

1672. Edmund Maynwaring, M.D. *Discourse that Tobacco is the Cause of Scurvy.* London, 8vo.

1676. Thomas Glover, Surgeon. *Manner of Planting Tobacco in Virginia.* Phil. Trans. Abr. ii., p. 301. London, 4to.
1682. ———. *Coffee, Tea, Chocolate, Tobacco, their Natural History.* London, 4to.
1682. ——— Dorstenius. [Tabaci Nicotiaux de Usu.] Marburg.
1685. Henry Mundy. *Commentarii de Aëre Vitali, Esculentis, et Potulentis, cum Corollario de Parergis in victu et Chocolatu, Thea, Coffea, Tobaca.* Leyden, 8vo.
1690. Joannes Ignatius Worp Beintema Van Peima, M.D. *Tabacologia, ofte Korte Verhan Delenge over de Tabak, Deseelv dengd, gebruyk ende kennisse; Waar door aangeweasen woord't een wegh om lang vroolyk, ende gezond te leeven.* Gravenhage, 12mo.
1691. Richard Carr, M.D. *Epistolæ Medicinales Variis Occasionibus scriptæ.* London, 8vo. [In this work, among other things, Dr. Carr declaims at some length against tobacco.]
1692. Th. Schoon. *Waare Æfferring en Ontleding der Planten.* Gravenhage, 8vo.
1693. E. Baillard. *Discours du Tabac, avec des Raisonemens Physiques sur les Vertus et sur les Effets de cette Plante, et de ses divers Usages dans la Medecine.* Paris, 12mo.
1699. Guy Crescent Fagon. *Au Frequens Nicotiaux Usus Vitam abbrevet?* Paris.
1701. ——— Strachan. *On the Planting and Culture of Tobacco in Ceylon.* Phil. Trans. Abr. iv., p. 667. London, 4to.
1702. Aloysio Fabra. *De Tabaci Usu.* Ferrar, 4to.
1710. ——— Hecquet. [Dissertatio de Nicotiaux Tabaci.] Paris.
1716. John Henry Cohausen. *Dissertatio de Pica Nasi sine Tabaci Sternutatorii moderno Abusu et Noxa.* Amstel., 12mo. [In this treatise Cohausen labors to show that the passion of snuff-taking is a disease of the nostrils!]
1720. ———. *Use and Abuse of Tobacco.* Lond., 8vo.
1721. Leonh. F. Meisner. *De Coffee, Chocolatæ; Thee, ac Nicotiaux, Usu, &c.* Norimb., 12mo.
1730. Jos. Stahl. [De Usu Tabaci.] Erford.
1733. Joseph Lacy. *Observations on the Nature, Use and Trade of Tobacco.* Dunk., fol.
1733. John Stedman, Surgeon. *Remarks on the External Use of Tobacco.* Edinburgh Medical Essays, vol. ii., p. 45, 8vo.
1744. M. De Garbenfeld. [De Usu Tabaci.] Argent.
1744. ——— Juncker. [On Chewing Tobacco.] Hal.
1745. John Gottlier Krüger. *Gedancken Vom Coffee, Thee und Toback.* Hal., 8vo. [Second Edition in 1746.]
1745. ———. *Treatise on Tobacco, Tea, Coffee and Chocolate.* [London, 8vo.]
1746. Dr. James. *Against Tobacco and Tea, translated from the original Latin of Simon Paulli.* London.
1750. Thomas Short, M.D. *Discourse on Tea, Sugar, Milk, Made-*

Wines, Spirits, Punch, Tobacco, with Plain and Useful Rules for Country People. London, 8vo.

1750. ——— Langguth. [Abuse of Tobacco.] Viteb.

1758. Nicholas Gavellus. *Storia Distinta, e Curiosa del Tabacco*, concernante la sua Scoperta, la Introduzione in Europa, e la Maniera di Coltivarlo, Conservarlo, e Prepararlo. Pesaro, 8vo.

1760. Rev. Laurence Sterne. *On Tobacco*. London, 8vo.

1761. Sir John Hill, M.D. *Cautions against the Immoderate Use of Snuff, &c.* London, 8vo.

1761. ——— Triller. [Abuse of Tobacco.] Viteb.

1762. Matthew Turner, Surgeon. *On the Use of Ascarides by the Use of Tobacco Fumes in the form of Clyster*. *Med. Obs.*, vol. ii., p. 307.

1762. John Evans, M.D. *History of an Obstinate Affection of the Bowels cured by the injection of a Decoction of Tobacco*. *Med. Comm.*, vol. vi., p. 332.

1779. Jonathan Carver, Esq. *A Treatise on the Culture of the Tobacco Plant, with the Manner, &c.* London, 8vo.

1780. R. Hamilton. *De Nicotiaux Viribus in Medicina, &c.* Edinburgh, 8vo.

1780. J. L. Christ. *Patriotische Nachrichten, &c., or Patriotical Accounts and Instructions concerning the Profitable Culture of Tobacco*. [In German.] Francof.

1781. Thomas Kilgour, Surgeon. *The History of a Case in which Worms in the Nose, productive of alarming Symptoms, were successfully removed by the Use of Tobacco*. *Med. Com.*, viii., 75.

1785. Thomas Fowler, M.D. *Medical Reports of the Effects of Tobacco*. London, 8vo.

1786. P. Grant, Surgeon. *Effects of Tobacco employed for Psora*. *Med. Comm.*, vol. xi., p. 327.

1788. Thomas Garnett, M.D. *History of a Case of Dropsy cured by the use of the Infusum Nicotiaux*. *Med. Comm.*, vol. xvi., p. 271.

1789. A Gent. of the University of Oxford. *A Treatise upon the Herb Tobacco, &c.* London, 8vo.

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1793. Robert Bishopic, Surgeon. *Case of an Ascites of six months' continuance, cured in a month, by the exhibition of an Infusion of Tobacco*. *Med. Comm.*, vol. xviii., p. 382.

1793. ———. *History of a Case of Anasarca, cured by an Infusion of Tobacco*. *Med. Comm.*, vol. xviii., p. 379.

1793. Benjamin Rush, M.D. *Observations on Tobacco*. Philadelphia, 8vo.

1795. Isaac Hawkins Browne. *Poem upon a Pipe of Tobacco*. London, 8vo.

1795. A. P. Wilson, M.D. *An Experimental Essay on the Manner in which Opium and Tobacco act on the living animal body*. Edinburgh, 8vo. [Second edition, Winchest., 1804.]

1797. Adam Clarke, LL.D. F.A.S. *Dissertation on the Use and Abuse of Tobacco.* London, 8vo.

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1799. Prudentius Amaralius. *De Culturâ Herbæ Nicotiaux in Braxiliâ, &c.* Ulyssipon, 8vo.

1800. R. Hamilton, M.D. *De Nicotiaux Viribus in Medicinâ, &c.* Edinburgh, 8vo.

1800. G. Orchestikos. *A Poetical Epistle in Praise of Tobacco.* London, 8vo.

1800. Win. Tatham. *An Historical and Practical Essay on the Culture and Commerce of Tobacco.* London, 8vo.

1805. Benj. Waterhouse, M.D. *The Evil Tendency of the Use of Tobacco.* Cambridge, 8vo.

1808. Robert Hallett. *On the Use of Tobacco-water in preserving Fruit Crops by destroying Insects.* *Nicholson's Journal*, vol. xix.

1809. Citoyen Vauquelin. *Analysis of the Nicotiaux Tabacum Latifolia et Angustifolia.* *Annales de Chimie.* Paris, July, 8vo.

1810. Medicus. *Remarks on the History and Use of Tobacco.* *London Medical and Physical Journal*, vol. xxiv., 8vo.

1811. The same Essay continued. *Ibid.*, vol. xxv.

1812. Citoyen Vauquelin. *Analysis of Manufactured Tobacco.* *Annales du Muséum d'Histoire Naturelle*, tom. xiv., 8vo.

1817. ——— Watterston. *Memoir on the Tobacco Plant.* Washington.

1819. Jacob Bigelow, M.D. *An Article on Tobacco in American Medical Botany*, vol. ii., part ii. Boston, 8vo.

1821. ——— Hermstädt. *Discovery of Nicotianin.* *Schweigger's Journ. fur Chem.* xxxi., 441.

1826. ——— ———. *An Essay on Tobacco.* *Asiatic Journal*, vol. xxii. London, 8vo.

1827. Posselt and Reinmann. *Analysis of Tobacco Leaves.* *Gmelin's Hand. de Chem.* ii., 1303.

1835. ——— Landerer. *Composition of Nicotianin.* *Pharm. Central-Blatt*, s. 890.

1835. Jonathan Allen, M.D. *An Essay on Narcotic Substances, embracing Intoxicating Liquids, Tobacco, &c.* Middlebury, Vt., 8vo.

1836. C. C. Antz. *Tabaci Historia; Dissertatio Inauguralis.* Berol. 4to.

1836. ——— Gail. *Composition of Nicotina.* *Ph. Central-Blatt*, s. 499.

1838. Charles Knowlton, M.D. *Tobacco defended as a Luxury.* *Boston Investigator*, vol. vii., No. 47.

1838. R. D. Mussey, M.D. *Essay on the Influence of Tobacco on Life and Health.* Boston, 12mo.

1838. MM. Parent Duchatelet et D'Arcet. *Memoire sur les Veritables Influences que le Tabac peut avoir sur Santé des Ouvriers occu-*

pés aux differens Préparations qu'on lui fait subir. *Annales d'Hygiène*, tom. i., part i. Paris, 8vo.

1840. Henry Wilson Cleland, M.D. *On the History and Properties, Chemical and Medical, of Tobacco; a Probationary Essay presented to the Faculty of Physicians.* Glasgow, 4to.

1842. Rev. O. Fowler, A.M. *A Disquisition on the Evils of Using Tobacco, &c.* Boston, 8vo.

I have been unable to ascertain the year of the following publications :

— Dr. Barnham. *Directions for raising Tobacco in Jamaica.*

— *Observations sur le Tabac*, par Otten Hebrigijs. *Col. de l'Acad.*, tom. iii., p. 448.

— *Observations sur le Propriété qu'a la fumée de Tabac. de guerir les Ulcères des Jambes*, par Docteur J. C. Frammannus. *Ibid.*, tom. iii., p. 623.

— *Obs. sur un Maniaque guère par la fumée du Tabac*, par M. Leclélus. *Ibid.*, tom. vii., p. 625.

Besides the foregoing treatises on tobacco, there are a variety of works of an *encyclopædic* character, in which this vegetable production finds a more or less particular notice, according to the size of the compilation. As, for example, Rees's *Cyclopædia* or *Universal Dict.*, vol. xxvi., Art. *Nicotiana*, and vol. xxvii., Art. *Tobacco*. *Edinburgh Encyclopædia*, vol. xii., p. 430, and vol. xvii., p. 41. *Chambers's Encyclopædia, &c.*, vol. ii., Art. *Tobacco*. *Gregory's Dict. Arts and Sciences*, vol. ii., Art. *Nicotiana*. *Encyclopædia Britannica*, vol. xv., p. 7—12; vol. xii., p. 751; vol. iv., p. 119. *Universal Dict. of Trade and Commerce*, by Malachy Posthelwayt, vol. ii., p. 790 et seq. [London, 1751, fol.] *The London Encycl. or Univers. Dict., &c.* vol. xxii., p. 134, et seq. *Encyclopédie, ou Dictionnaire Raisonné des Sciences, des Arts, et des Métiers*, par M. Diderot et M. d'Alembert, tom. xv., p. 753 et seq. (Linnourne. 1775, fol., 3d edit.) *Dict. Universel du Commerce*, par MM. Savary, tom. ii., Art. *Tabac*. (Paris, 1723, fol.) These references might be made so numerous that I shall not pursue them further; and in fact to cite all the literary, historical, botanical and medical works in which tobacco is incidentally or particularly mentioned, would present a list so formidable that the foregoing would appear as nothing in comparison to it. In poetry, there would be references to the classic writers of all modern nations, and the doggerel rhymesters of the obscenest newspapers; in law, a field would open from the enactments of James I. to a late order of the Tennessee Legislature forbidding smoking during business hours; in divinity, one would range, in this country, from Cotton Mather's *Christian Philosopher*, where that reverend gentleman discourses especially on the weed, to Parson Polyglot's last sermon on the propriety of abjuring filthy tobacco, and putting the money, thus saved, into the missionary box for the heathen. As it respects the *Materia Medica*, no comprehensive treatise has been written upon it for the last two hundred and fifty years in which tobacco does not find a place; and to refer to all such notices would require the entire pharmacological catalogues of Burdach, Reuss, Roy, Ploucquet, Dierbach, Pereira, and

others who have compiled bibliographical lists of that character. I shall not, therefore, draw the present article to any greater length, and indeed it has already extended much farther than I anticipated.

Shelburne Falls, Ms., Feb. 23, 1844.

STEPHEN J. W. TABOR.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. III.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.]

HISTORY.—By the history of this disease, it is not designed to embrace anything more than a general statement of its character as it has occurred under the writer's own observation, or in the section of country in his immediate vicinity; although he entertains an opinion that in its general features and pathological character there is a remarkable similarity, if not an identity, in all the places of its occurrence, varying in different places more in the degree of violence than in its essential character.

Its first occurrence, in this place, was in the winter of 1825 and 26, at which time the town contained not far from three thousand inhabitants, and it is very certain that not less than five hundred genuine cases occurred. It commenced early in December. The two first instances were produced by a local lesion, viz., boring the ears, and from this cause resulted a violent pyrexia and an erysipelatous inflammation covering the integuments of the whole face and head. They recovered. Other cases without any obvious cause immediately ensued, and by the last of January the complaint became very rife. At about this period, the greatest number were sick, and as the weather became more mild the epidemic abated. Thirty-five deaths occurred in town from the first of January till the first of April. Of this number, probably, thirty were caused by the prevailing disease. Indeed, as it has been universally observed, all other diseases became amassed in the prevalent affection. Hence, most of the child-bed cases which happened at this time were within three or four days after confinement attacked with chills, rigors and febrile heat, and all the other symptoms of severe *puerperal peritonitis*. Of sixteen or seventeen of these cases, all died *save two*. Some, however, who endured parturition, were not attacked with the disease. Two of the first fatal instances of this form of disease, one a patient of Dr. Z. Bass, and the other a patient of mine, were subjected to autopsical examination. In each of these cases the *post-mortem* appearances were nearly identical. The abdominal viscera, generally, were engorged or in a state of hyperæmia. The peritoneum and the uterus were quite livid, flaccid and easily torn. In one of the cases a patch three or four inches in diameter, apparently where the placenta had been attacked, was gangrenous. Of the particular local manifestations in the remaining fatal cases, not of the puerperal kind, except two, I am unable to give a definite account. Two, however, which occurred under my own obser-

vation, made too strong an impression on my mind ever to be effaced. In both, the local development was rare, and in one of these I could not fail to feel the most intense interest on account of its being my wife. In her case, after the ordinary chill and febrile excitement, the local manifestation appeared in the throat and on the face; from this location it changed to the abdominal viscera, and finally removed and became persistent on the *heart* and *pericardium*. At first, this was evinced by great distress in this region, depressed, irregular and feeble action of the heart, arteries, and extreme dyspnoea. After several days, the precordial region began to become prominent, and the cartilages of the ribs on the left side near the xiphoid cartilage yielded, and a circular tumefaction or projection was presented, having a crimson and inflamed appearance. By tact on the elevated portion a fluid appeared to be contained within, and by auscultation a feeble, undulatory action of the heart was discoverable. The true character of this prominence was not satisfactorily determined. It appeared to have been the pericardium distended and rendered thus prominent from the accumulation of some fluid intervening between the heart and that viscus. Louis mentions a similar instance, and Dr. Hope thought in relaxed subjects such an event might occur. In this pathological condition, which gradually increased, she lingered about fifty days in extreme agony. Life was ultimately extinguished by paroxysms of *angina pectoris*. During her protracted suffering paroxysms of this affection were not unfrequent. No autopsy was made, although I requested some of my medical friends to perform the examination. Such were their professional engagements as to prevent. The other case, of a similar local development, terminated in a few days by what the friends called "a fit."

The next occurrence of the disease, which is the subject of these remarks, in this section, was at Crownpoint, N. Y., about twenty miles from this place, on the opposite side of Lake Champlain. It commenced there in the early part of the winter of 1840 and 41, and continued into May. The incipient stage of the disease was usually marked by a chill and succeeded by febrile heat and other phenomena commonly attendant on fever. Sometimes the attack commenced by sudden and severe pain in one of the extremities, followed by a general accession of fever. More often there were premonitory symptoms. These were a slight catarrh and an erythematic efflorescence in the throat. The local manifestations were of the erratic kind; and sometimes moved from one place to another suddenly. These metastases in the course of a few hours would change the erotive character of the disease in relation to the anticipated event. A young man had a mild affection of the throat, with some fever. He was able to walk about. A repercussion to the abdominal viscera ensued, and within twenty-four hours, as counsel, I found him with a feeble, indistinct pulse; abdomen tense and sensitive; extremities shrivelled and cold; intellectual faculties clear; and great prostration of strength. He continued only about fourteen hours longer.

During this epidemic period in this place and its immediate vicinity, it was estimated that about a thousand cases occurred, most of which were

treated by Drs. Haile and Goodrich. About sixty deaths happened in the town during the winter, most of which, probably forty or fifty, were from the epidemic fever. The general course of treatment, so far as I have been able to ascertain, consisted principally in controlling the pyrexia, by the use of emetics, diaphoretics, mild cathartics, &c. Venesection was not often demanded, and mercurials rarely, if at all, used except as cathartics.

The summer of 1841 passed without any diseases being experienced in this region more than ordinary. In November, two severe cases of rather a singular character happened in Middlebury, and speedily terminated fatally. These were soon followed by other attacks, and before the close of December, the disease became very common, and six deaths had occurred. The number who sickened increased till the first of February, when the sick list diminished till June, 1842, when it terminated. The number of epidemic erysipelatous cases which occurred in this town during its late prevalence, out of about three thousand and two hundred inhabitants, could not have been far from six hundred and fifty. The number of deaths caused by the epidemy at this period was thirty-four. The whole number of deaths from the first of January, 1842, till June, was fifty; sixteen of which were from causes evidently disconnected with the epidemic disease.

Of the fatal cases, the local affection happened in twelve in the abdominal and hypogastric viscera, including five which were puerperal. The specific location was in the brain in six instances; three in the lungs, and two in the larynx and trachea. The particular location in the remaining cases has not been ascertained. It is sufficient to say, that five or six of these were subjected to empirical or Thomsonian practice; and, consequently, no account either of the local manifestations, or any other pathological phenomena, can be expected.

Several *post-mortem* examinations were made at an early period of this epidemic invasion; and as I then took notes of the cases, and published them at the time, on this occasion I will simply quote the report: "In each instance of autopsy, engorgements or capillary congestions have been found in the tissue or organ on which the local affection had been manifested. In one case, which terminated with symptoms of compressed brain, in which the face and scalp had been very much swollen, the capillaries of the integuments of the head were surcharged with serum having a yellow tinge. The substance of the brain and its envelopes, although not so fully congested as might have been expected, presented unequivocal characteristics of hyperæmia or venous congestion. In another case which terminated with the local affection in the abdominal and thoracic viscera, subsequently to violent pyrexia, and an affection of the pharynx and tonsils—which latter affection by repercussion located on those organs—on dissection, the liver was found to be enlarged and surcharged—the peritoneal coat of which was spread over, to a very considerable extent, with an adherent substance, closely resembling aphthæ of the mouth in the last stage of phthisis pulmonalis. The gastro-colic-epiploon, in particular, was remarkably surcharged with blood. This, as well as other

parts over which the peritoneum is spread, presented a beautiful arborescent appearance, showing clearly the character of the disease which thus enlarged these minute capillaries. Each of the lungs was engorged and much resembled, so far as respects lividity, melanosis. This surcharge of the respiratory organs was evidently the immediate cause of death in this instance; and in another, in which the individual had for many years been in the habit of using freely intoxicating liquors, the lungs, by autopsy, presented the same state of congestion. The stomach, too, as usual in such cases, was of a diminished size, and the mucous coat considerably engorged, and about as livid as the representation given by Professor Sewall, in his third plate of the first No. of the 'Enquirer.'

LANE'S PHYSIOLOGY.

[Communicated for the Boston Medical and Surgical Journal.]

AFTER the publications of Drs. Hayward, Griscom, Comstock, Coates, and others, we were not a little surprised by the recent appearance of a new Physiology for schools; nor was this surprise diminished on reading in the first sentence of the Preface (we always read Prefaces) that the author undertook the work "*solely* with the view of supplying a blank which was felt to exist in the education of the young," &c. Nor yet again, when we noticed on the opposite page that the copy-right had been secured by one quite recently a publisher of Dr. Hayward's work.

Having a copy of Dr. Hayward's book before us, we were induced to examine to see what "blank" he had left, and how our author had filled it. In the first place, then, we find that an Introduction containing an important exposition of the tissues, and three chapters—Absorption, Nutrition, and Decay and Dissolution of the Body—are not to be found in our author; while in many other respects he has in a remarkable manner followed the arrangement, adopted the leading facts and cases, and in some instances varied the expressions of Dr. Hayward only to mar their clearness; while the "blank" is in a great measure supplied with irrelevant digressions under the imposing title of "practical reflections," not always couched in the most delicate and refined expressions. Our author seems to have a laudable desire to impart useful knowledge to his "young readers" and "little pupils," and therefore, after intimating that it is improper "*to bolt a huge junk of meat*" (the italics are the author's), he takes good care in his chapter on Secretion to inform the little lads and misses why ladies' dresses are soiled after a dance (p. 86), why negroes have a strong odor (p. 95), and closes the chapter with an explanation of the secretion of the urine, noticing by the way what substances will affect its color and smell! fit subject, surely, for school-room discussions. "Those engaged in a course of intellectual culture" need feel no regret now; the "blank" is supplied. Further, to a somewhat lengthy and not always perfectly clear description of the brain and nerves, in which he "has not attempted to bewilder them" (the young) with

"theories," our author has appended some astute remarks on phrenology, mis-applying a case cited by Dr. Hayward; given a "passing notice" to the exploded humbug, animal magnetism; and then introduced the "more recent theory" Neurology, with the apparent endeavor not to bewilder the "enquirer and turn him aside from the truth." It may be well, perhaps, to remind our author that the "founder" of the "theory" he is so anxious to bolster up, had a fair and full opportunity to demonstrate his doctrines before a committee of the American Academy, appointed for the purpose, and after long and tedious endeavors, at successive meetings, failed utterly and entirely in every point. Perhaps this was a "blank" the author did not wish to supply. The modest assurance even of the most self-complacent will sometimes flag, for we find near the close of this chapter the following: "It is not the lesson that makes the school so irksome to the little pupil—there are other things in the way; the confinement, the awkward position, the bad air of the room, with a moderate share of application, will tire out any boy or girl in a couple of hours."

It would be easy, quite easy, to extend these remarks; but enough—from what has been said it will be readily imagined how the rest of the "blank" has been filled. A more puerile attempt to write down to the "little pupils" supposed mental capacities cannot be well conceived of; the verbal torsions of sundry passages from Liebig, and Carpenter (whose "splendid works" have been so "carefully studied" that his place of residence needs be mis-stated), hardly requiring a saving clause. If the book were free from errors; if it contained no such lucid definitions as this, "By Physiology is properly understood the phenomena of life, a knowledge of the duties to be discharged by living things in order that they may live" (Physiology the phenomena, a knowledge! not to mention the dangers to "living things" from ignorance of their duties); if there were in it no such apt illustrations as, "The Pyramids of Egypt now stand as they have stood for thousands of years; they are inorganic" (The mummy-cases which they contained "have" had "their origin" and "their end," and consequently were "organic"); even if its "dress" be so "simple and attractive," we see no good to come from its publication, since so much better are already in the market. We have too many books from the pens of penny-a-liners. The evil is great, and is not abating. Every little aspirant must get his name on a title-page—an author; reputably, if he can; at all events, an author. The public suffer, the "little pupils" suffer; every prudent man should set his face against the practice.

We hope, for the author's own sake, for whom personally we have the kindest wishes—we hope for the sake of the profession, which should be deemed worthy of regard and honor—that he may be enabled to supply the "blank," now felt by those who would hold him in estimation, by defining more satisfactorily the unpleasant position in which he has thus placed himself and some of his friends.

ALPHA.

FATAL DISEASE OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following case, and if deemed worthy of a place in your valuable Journal, it is at your service.

Henry D. Grove, aged 41 years, a German by birth, of strictly temperate habits, and accustomed to labor, as well as much exercise of walking and riding, has complained for some six years past of paroxysms of breathlessness whenever he attempted to walk fast up hill, or exercise his arms (as in pitching hay) rapidly. These paroxysms were worse when his digestive organs were deranged, and hence he was in the habit of calling on me once or twice a year, as occasion required, for a few grains of blue pill, which almost uniformly relieved him for the time. About two years since I first saw him have a paroxysm, and from the peculiarity of his respiration I was fearful of some structural disease of the heart, and suggested to him the propriety of a formal examination by the stethoscope. The disease, however, making but little apparent progress, this suggestion was not attended to until this winter (about two months before his death), when I examined his heart carefully, but could detect no irregularity either of rhythm or morbid sounds, and accordingly gave the opinion that there was no structural difficulty of the heart. His paroxysms had, however, become more severe and frequent, so that he had to walk carefully and slowly on level ground in order to avoid their frequent recurrence. His digestive organs were somewhat disturbed, which was attributed to his having had more than an ordinary good appetite, which he had indulged by eating freely of fresh meat. His bowels were more free than usual, amounting, at times, to diarrhoea, and his tongue was slightly coated. On inquiry, he did not recollect suffering from any pain extending to the left arm, or any stricture across the chest, though he had pain under the lower part of the sternum, much increased after a full meal, and a few days afterwards he informed me that he had slight pain at times extending to the arm. A discontinuance of a full diet, and for the time an entire disuse of meat, with an occasional use of the blue pill (four or five grains taken at night) was recommended. No improvement followed, except that his bowels became sluggish and after a time constipated.

On the 6th of February (being a most ardent friend to improvement in his profession, agriculture) he attended the Rensselaer County Agricultural Society at Troy, about twenty miles from his residence, and took an active part in its proceedings. The fatigue, however, increased the frequency and severity of his paroxysms, and after his return they came on for the first time in the night during sleep, and they became so distressing that he soon found it necessary to sleep bolstered almost erect in bed. He still continued to ride about several miles from home, and also to walk about his farm. On the 17th of February I gave him seven grains of calomel, which opened his bowels next day, and, as he had found some temporary relief from the use of gin since his return from Troy, it was continued, and combined with gentian and senna. On the 20th of

February he felt better throughout the day than any day during the last six weeks, walked about his farm, and was lively and cheerful, attributing his improvement to the calomel taken two days before. Yet in the evening, while sitting in his chair, reading, he suddenly spoke as if he had pain in his bowels, and that they were about to be evacuated, and attempting to rise from his chair, fell and expired in a few moments.

Sectio Cadaveris next morning—*Rigor mortis* perfect. Cadaveric hyperæmia at all the depending surfaces. Countenance but little changed. On opening the chest, the lungs, though crepitant, were filled with fluid blood through all their capillary vessels, which ran out freely on cutting into their substance. The large veins were full of fluid blood, which ran out to the amount of two quarts or more on cutting into the cava. The heart appeared healthy and of the natural size; no imperfection of its internal structure could be detected. Slight ossifications were discovered in the internal coat of the aorta, about its arch. The stomach and bowels were empty and healthy, with the exception of being more pale than usual. The omentum and mesentery were well coated with fat, and on the outside of the latter, was a substance as large as a small walnut, of the consistence and appearance of the brain, in a sac. The brain was also perfectly healthy, as far as could be discovered. No satisfactory cause of death could be discovered in any lesion which a most carefully-conducted *post-mortem* examination could detect. Yet it was evident that the circulation was suddenly arrested, and with sufficient power to destroy life. Was it spasm of the heart? Or was it paralysis of this organ? Either cause, if they ever exist (and why may they not, as well as in voluntary muscles?) would solve the mystery. S. A. COOK, M.D.

Buskirk's Bridge, N. Y., March 4, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 20, 1844.

University of Maryland.—The Medical Department is under the control of the Faculty of Physic, which has the power of filling its own vacancies. No Professor can be removed but by a vote of three fourths of the whole Board of Regents, after a formal impeachment. The Regents of the University are composed of the members of the different Faculties, viz., arts, law, theology and physic. The Medical School has been in operation about thirty-six years, and during that time has received grants from the Legislature in the form of lottery charters, remission of debts due, &c. It continued to acquire reputation and students until an unhappy interference by the Legislature compelled the whole Faculty to resign their places, which were subsequently filled by a new Faculty appointed by a Board of Trustees, to which, by the act repealing the original charter, the school had been entrusted. A suit instituted by the original Board of Regents testing the validity of the act by which the Trustees held their office and kept possession of the property of the Uni-

versity, resulted, in 1839, in favor of the Regents, and restored to them all the privileges of which they had been unconstitutionally deprived. The old Faculty of Physic, of course, resumed their places, and took charge of the School, almost wholly deserted, in the mean time, by its pupils, so that a class of three hundred had fallen to not more than thirty.

Since 1839 the medical class has increased annually, and is at present a little more than one hundred. An attempt to rid itself of what is esteemed a burden in the shape of an inefficient member of the Faculty, has produced temporary disturbance of that harmony which is essential for success, but the Faculty promise themselves much increase of patronage and power, and material for teaching, from the more favorable omen they now perceive, and from relief from many drawbacks they have experienced within a few years past.

The School has attached to it an Infirmary which is in the immediate vicinity of the University, capable of containing seventy or eighty patients, and furnishing much material for illustrating, by clinical teaching, the departments of Surgery and the Practice of Physic. This Infirmary is under the sole direction and control of the Faculty of Physic, and affords, what few schools possess, an opportunity for selecting at the discretion of the Faculty such cases as shall promise most benefit to the students. One half of the sick seamen are sent to its wards by order of Government. Dr. N. R. Smith (a son of the late Dr. Nathan Smith, of Yale College) has charge of the surgical patients during the session, and gives constant clinical instruction. He is an admirable surgeon, combining great manual dexterity with perfect self-possession and coolness. He is well fitted to meet successfully the great emergencies which the surgeon is so often called upon to encounter. Dr. Smith is also a capital teacher: plain, intelligible and practical; always ready to answer "the great and small occasions," which belong to public instruction.

Anatomical material is abundant: the dissecting room opens in October, and is well supplied until April. The Faculty, as at present constituted, is composed of—R. W. Hall, Professor of Obstetrics; W. E. A. Aiken, Professor of Chemistry; ———, Professor of Theory and Practice; N. R. Smith, Professor of Surgery; Samuel Chew, Professor of Materia Medica; Joseph Roby, Professor of Anatomy and Lecturer on Theory and Practice; Wm. H. Stokes, Lecturer on Obstetrics; G. W. Miltenberger, Demonstrator of Anatomy.

New York Medical Society.—Dr. White's Address on Insanity.—Among the variety of institutions which give character to the great State of New York, its Medical Society holds a prominent position. Among its members it embraces many of the most eminent and highly-gifted men in the Union. And it has been the policy of the Society, from the day of its organization, as we understand it, to elevate and sustain the members of the profession, and to frown upon ignorant pretenders. One of the customs of the Society is to have an annual address from some of its Fellows, generally the presiding officer, on any subject most agreeable to himself. Many of the past anniversary discourses are distinguished efforts, creditable to the country, and in after times are destined to be viewed as essential links in the chain of medical literature in the United States.

On the 5th of February, Samuel White, M.D., the President, one of the proprietors of the Hudson Lunatic Asylum, delivered an address on the specific subject of insanity. If one of his experience could not speak with authority on that topic, it is difficult to say who could.

In regard to this address, which is decidedly a creditable performance, we must reluctantly forego the publication of any extracts till other favors are disposed of. We are so plied with books, pamphlets, and communications, from all parts of the country, we scarcely know which to take hold of first.

Anatomy of the Groin.—Messrs. Lindsay & Blackiston, of Philadelphia, have favored the public with a well-executed book, entitled "Drawings of the Anatomy of the Groin, with anatomical remarks, by W. Darrach, M.D., Professor of the Principles and Practice of Medicine in Pennsylvania College, &c." This is a new publishing house to us, but the first specimen of typography received from it, disposes us to believe that there is taste, discrimination and enterprise in the firm. Four lithographic plates are introduced, exceedingly well defined. The author says they were reduced from original drawings, made by M. Chasal, of Paris, in 1822—the dissections having been his own. Originally, the treatise was dedicated to the late very distinguished Dr. Physick. This is addressed to the class of the College with which Dr. Darrach holds an official connection. There is an elementary expression in some of the first chapters, which would give the work a preference with students, over those of a more elaborate character; and throughout there is nothing in it foreign to the subject under consideration. It cannot be injurious to the fame of Dr. Darrach to say that there is no striking exhibitions of originality in his authorship, and yet we have not looked into any surgical essay or treatise upon the subject of hernia, with more satisfaction than this.

Messrs. Ticknor & Co. have it—a cheap book, which would prove a useful monitor and guide on every physician and surgeon's table in the land. It is well printed, and comprises 127 large-sized octavo pages.

Attempted Assassination of Dr. McDonald.—Dr. James McDonald, late physician to the Bloomingdale Retreat for the Insane, New York, was fired at, about two weeks since, by some one, who meant to assassinate him. It was in the evening, about 10 o'clock, just out of the city. The man came up from behind, presented a pocket pistol at the doctor's head, and fired. The ball struck the petrous portion of the temporal bone, glanced forwards, went under the zygoma, and probably lodged in the antrum; at any rate, it has not been found, and the Drs. Parker, Post, &c., have concluded to let it remain. The doctor is not in immediate danger, but it is feared he will have a narrow chance yet. He keeps his room.

Bloomingdale Retreat for the Insane.—Dr. Pliny Earle, of Philadelphia, is appointed Physician to the Bloomingdale Retreat, in place of Dr. Wilson, resigned. The Directors very foolishly require the incumbent to be a bachelor. If he gets married, or shows an *inkling* that way, he gets orders to quit—just as a Roman Catholic Priest, under like circumstances, would have to *quit orders*.

Medical Legislation in the State of New York.—The Legislature has been again throwing open the flood-gates of quackery in order to gratify the dear people, says a correspondent. A synopsis of their doings is appended from the Tribune:—

New York Legislature: Albany, Tuesday, March 5.—The Senate, in committee of the whole, took up the bill in relation to medical practice. The first section was passed. [Repeals all laws prohibiting any person from recovering compensation for services rendered to the sick.]

The second section was also passed. [Repeals the law of 1830, imposing penalties upon persons attempting to practise without license.]

The third section (exempting persons practising medicine without license from prosecution or indictment, excepting in cases of mal-practice, &c.), being under consideration, Mr. Lott moved to strike out—lost.

The fourth section was then passed. [Makes irregular practitioners liable for mal-practice in the same way that regular practitioners are.]

The fifth and last section (which subjects persons practising physic or surgery to a fine of not less than \$300 and imprisonment for a term not exceeding 12 months, when "convicted of gross ignorance, mal-practice or gross immorality") was next taken up, and the next day *adopted* after a long debate. It is said that Judge S——, of New York, introduced the bill, and has been its chief supporter. He employs a homœopathic physician. This spirit of *ultra* democracy is going to break down everything useful in the country. I should not wonder, continues the writer, if our State Medical Society resigned their charter, as that of Delaware did, under like circumstances.

Massachusetts General Hospital Report, for 1843.—An apology is due for not having sooner brought before our readers a notice of this publication. It has not happened, for years before, that books and pamphlets accumulated faster than room could be found for presenting synopses, at least, of their contents. An essential part of this document is Dr. Bell's twenty-sixth annual report of the M'Lean Asylum, at Somerville—an important appendage of the Massachusetts General Hospital. This report, however, must be still longer deferred.

There were admitted into the Hospital, Allen street, from January 1, 1843, to January 1, 1844, 365 patients. The proportion of deaths to the whole number of results, was 1 in 10, nearly. Average number of patients, 47½. The expenses for 1843, were for stores, \$3,857 80; wages, \$3,389 54; fuel, \$923 39; furniture, \$643 02; medicine, \$848 43; repairs, \$741 53; stationary, \$13 95; grounds, \$12 34; salaries, \$550. The whole amount of board charged to all the patients during the year, was \$8,208 87. Of this sum, \$5,037 78 was charged to the Trustees for the board of free patients; and the balance of \$3,170 09 was received from paying patients. By analysis of the expenses, it is ascertained that the weekly expense of each patient was \$4 56.

We may add, with propriety, that the funds of the Massachusetts General Hospital are managed by men of the highest standing in this community; and the professional services are rendered by those who are not surpassed in any country. The institution is an ornament and an honor to the city of Boston,

Worcester Lunatic Hospital.—To our extreme regret, we have not yet had the last Report from this Hospital, as in years past about this period. It is currently said that Dr. Woodward, the very able and learned medical Superintendent of the institution, has leave of absence, from the Trustees, for a while, with a view to travel a short time for the restoration of his health, impaired by a long and undivided attention to the laborious duties of his office. May the wane of his life be as peaceful and cloudless, as his professional exertions in behalf of the wretched, forsaken, insane out-cast from society, have been humane, skilful and honorable.

P. S.—Since the above was written, a copy of the Report has been received, but too late for further notice this week.

Boston Athenæum.—A proposition is now before the citizens of Boston in regard to the removal of this valuable institution, to a more central and convenient location. Pearl Street is out of the way—and with the present increasing commercial enterprise in that neighborhood, it will be anything but a quiet place for reading, studious men. In order to accomplish an object so desirable as the erection of a commanding structure for the reception of the library, in a central position in the city, a large sum of money must first be raised, by a sale of new shares. Gentlemen of enlarged views and generous sentiments, are engaged in this popular scheme. All persons have an opportunity of becoming joint partners in this great and useful undertaking. A committee has been raised to solicit subscriptions from the medical profession. Many have already given splendid evidence of their willingness to aid the projectors; and there are others who might come up with a helping hand. If 237 new shares are taken at \$300 each, the handsome sum of \$71,000 will be invested—making, with the property belonging to the institution, \$213,962 83—which divided into 500 shares will make each share actually worth \$427 92, at a cost of only \$300. Had we but a moiety of the possessions of many of our medical brotherhood in Boston, the removal of the Athenæum should not be abandoned for the want of funds. Even those of moderate means would find the cost of a single share, a good permanent investment. If, on account of removal, the owner wished to dispose of it, the money for it could be had readily; the shares have always stood well in the market, as property. How much more they will be in demand, with a good change of location.

Suture Needle.—Dr. E. R. Smilie, of Derry, N. H., a gentleman who, in addition to those professional attainments which are honored in all communities, has a nice mechanical taste, recently devised a suture needle that merits the attention of surgeons. Although exceedingly simple, it could be understood better with a single glance of the eye, than by whole pages of description. The peculiarities of the instrument are mainly these, that the eye, instead of being at the extremity, is about half an inch from the end, varying, of course, according to the size and length of the needle. This part above the eye is square, and fitted into a steel shank, which is neatly inserted into an ivory handle. When threaded, the needle is pushed through the integuments by the handle, and after being re-inserted the needle is again received into the handle, to be forced onward as

before. The fact is, it is far easier to sew with it than to describe it, and the process is more rapidly accomplished.

Medical Miscellany.—At St. Helena, S. C., scarlet fever is represented to have been successfully treated by large doses of jalap, as soon as the character of the disease is detected.—The cholera has been again making sad havoc in the East Indies—and bids fair, from recent accounts, to mow down the inhabitants by thousands.—Twenty-two deaths by smallpox occurred at Plattsville, Wisconsin, the past winter, in a population of only 800.—Owing to the culpable neglect of somebody connected with the anatomical department of the St. Louis Medical School, things were accidentally seen by the public eye that were considered sufficiently shocking to create a mob. The Judges of some of the courts are to decide what is to be done in the matter.—Mr. L. N. Fowler is lecturing in the Island of Nantucket, on his favorite science—phrenology.—An edition of Guy's Medical Jurisprudence will appear about the first of April, at New York, under the supervision of Dr. Lee, who has made an addition of 200 pages. Dr. Lee is also coming out with an American edition of Copland's Dictionary, in monthly or bi-monthly numbers of about 180 pages each.—Dr. W. T. Parker, of South Boston, speaks highly of giving quinine in erysipelas, in small doses, when the swelling and inflammation are extending. He sometimes prescribes as small a dose as one eighth of a grain, hourly, increasing the quantity according to the severity of the symptoms. A paper from him may be expected on this interesting subject.—A slave recently died near Staunton, Virg., 112 years of age. He was a servant of Washington, at Braddock's defeat.—Col. Payere, of London, went down in a diving bell lately to examine the bed of the Thames, where he remained seven hours—making what vital air was necessary for his consumption, as long as he tarried below.—Dr. Benjamin Hardinge is lecturing in Boston on mnemonics.—According to the Government tables, it appears that 1674 persons died in Vera Cruz in 1843—the population being only between 6000 and 8000.

NOTICE.—Subscribers in Washington city are informed that there is no agent there authorized to receive money due for this Journal.—Those in Tennessee are also requested not to make payment to the individual who formerly acted as agent in Franklin.—Subscribers in New York city may hand in their subscriptions to Mr. C. S. Francis, bookseller, in Broadway.

TO CORRESPONDENTS.—Dr. Trow's case of the late Maj. Griswold will appear next week. This case has already been reported in the Journal by Dr. Knowlton; but as a difference in diagnosis existed between these gentlemen, and as the deceased was at first the patient of Dr. Trow, it is but an act of justice to give place to his report.—Dr. Nelson's account of a new mode of administering medicines, and Dr. Mason's notice of the criticisms of X. X., are also on file for publication.

Number of deaths in Boston for the week ending March 16, 27.—Males, 8—Females, 19. Stillborn, 1. Of consumption, 8—lung fever, 2—scarlet fever, 1—inflammation of the bowels, 1—hooping cough, 2—apoplexy, 2—dropsy on the brain, 1—measles, 2—debility, 1—inflammation of the lungs, 1—erysipelas, 1—canker, 1—infantile, 1.
Under 5 years, 12—between 5 and 20 years, 2—between 20 and 60 years, 10—over 60 years, 3.

Medical Books.—Messrs. Wiley and Putnam's Literary News-letters, and monthly register of new books, foreign and American, is a convenient messenger. We avail ourselves of its intelligence in regard to recent publications of works of science—interesting, particularly, to the medical profession. Lea & Blanchard, of Philadelphia, have just issued a new edition (the fourth), of Dunglison's *Dictionary of Medical Science*—containing not fewer than *two thousand* additional subjects and terms. This edition has likewise been materially modified, and now certainly offers stronger claims to the attention of the practitioner and student than any similar work.

The same publishers have also issued a new edition (the fifth), of Dr. Dunglison's *Human Physiology*, with very important *additions* of much valuable matter, besides ninety additional wood-cuts.

New books published in England: Tulk and Henfrey's *Anatomical Manipulations*—or the methods of pursuing practical investigations in Comparative Anatomy and Physiology. Also, an introduction to the use of the Microscope, with diagrams.

Lessons on Chemistry, for the use of Pupils in Schools, Junior Students in the Universities, and Readers who wish to Learn the Fundamental Principles and the Leading Facts. By W. H. Balmain.

Natural History, Pathology and Treatment of the Epidemic Fever, at present prevailing in Edinburgh and other Towns: illustrated by Cases and Dissections. By J. R. Cormack, M.D.

On the nature and treatment of Tic Douloureux, Sciatica, and other Neuralgic Disorders. By H. Hunt, M.D.

Lectures on the Theory and Practice of Midwifery, delivered in the Theatre of St. George's Hospital. By R. Lee, M.D., F.R.S. Illustrated with numerous wood engravings.

Medicines: their Uses and Mode of Administration; including a complete Conspectus of the Three British Pharmacopœias, an Account of all the New Remedies, and an Appendix of Formulæ. By J. Moore Nelligan, M.D.

Lectures on Electricity, comprising Galvanism, Magnetism, Electro-Magnetism, Magneto and Thermo-Electricity. By H. M. Noad. A new and enlarged edition, with nearly three hundred wood-cuts.

Cyclopædia of Natural Science.—Vegetable Physiology and Botany. By W. B. Carpenter, M.D.

Notes on Natural History; selected from the "Microscopic Cabinet." Illustrated by ten colored engravings, from original drawings made by C. R. Goring, M.D. By A. Pritchard.

Glossology; or, the Additional Means of Diagnosis of Disease to be Derived from Indications and Appearances of the Tongue. By B. Ridge, M.D.

Essay on the Physiognomy of Serpents. By H. Schlegel, translated by T. S. Traill, M.D.

Apothecary's Text book on Private Disease.

Two Essays on the Diseases of the Spine: 1. On Angular Curvature of the Spine, and its Treatment; 2. On the Treatment of Lateral Curvature by Gravitation, Lateral Exercise, &c. By R. A. Stafford.

A Practical Chart of Diseases of the Skin. By G. A. Walker. Folded in 8vo. cloth case.

Winslow—On the Plea of Insanity in Criminal Cases.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MARCH 27, 1844.

No. 8.

ON THE REMOVAL OF SCIRRHOUS TUMOR OF THE FEMALE
BREAST.

A Lecture delivered by Sir B. O. Brodie, at St. George's Hospital, Jan. 24, 1844.

GENTLEMEN,—If a scirrhus tumor of the female breast be left to take its own course, it gradually increases in extent; it contaminates the neighboring textures; it finally ulcerates, and in the greater number of cases the patient's life is terminated in three or four years from the commencement of the disease. Not only is life terminated thus early, but death is preceded by a most painful state of the ulcer. It is disposed to bleed and to slough, and the patient is rendered miserable. There is not a much worse way of going out of the world than that of being destroyed by this disease.

Looking at these facts alone, you would say there is no doubt that the proper thing to do is to remove the tumor by an operation. But then there is another order of facts to be taken into account. We find that in the larger proportion of cases in which the operation is performed, the patient is not alive two or three years afterwards; and in a great many cases, instead of the operation stopping the disease, it actually seems to hasten its progress. We find, besides, that the operation in itself is not in all cases free from danger.

These different orders of facts have led different surgeons, accordingly as they have looked at one or the other of them, to come to different conclusions as to the propriety of the operation. The late Mr. Cline, for example, and Sir Everard Home, both men of great experience, would scarcely ever consent to the removal of scirrhus tumors of the breast under any circumstances; whereas I have known other very experienced surgeons who were in favor of an operation, even in the great majority of cases. And not only has there been this difference of opinion between different individuals, but I have known the opinion of the same individual to differ at various periods of his life. I remember a very distinguished surgeon saying to me that he thought he would never perform this operation again, and yet that very surgeon, some three or four years afterwards, recommended the operation in a case in which I thought that it would fail. This discordance of opinion only shows the difficulty of the subject; and if this difficulty has stood in the way of men of great experience, it may well stand in the way of you who are beginning your

career. Hence, it appears to me, that it may be of advantage to you if I offer some observations on the subject, and endeavor, as far as I can, to clear away the doubts which may arise in your minds as to the expediency or inexpediency of the operation.

This, then, is the subject of the present lecture :—Under what circumstances is the operation for the removal of a scirrhus tumor of the breast proper, and under what circumstances is it improper?

I should observe here, in the first instance, that while a great deal depends upon the nature of the case, something will depend upon yourselves, and upon the mode of performing the operation. If there be a scirrhus tumor imbedded in the gland of the breast, and you remove the tumor and a piece of the breast in which it is imbedded, and leave the rest of the breast, according to my experience the disease is quite sure to return; and this corresponds to a rule which applies to all cases of malignant disease—that you have no security from an operation for its removal, unless you remove the whole of the organ in which the disease is seated. If, for instance, there be *fungus hematodes* of the bone of the leg, the patient may have some chance of doing well if you amputate the thigh above the knee; and if there be malignant disease in the femur he has almost no chance, unless, indeed, you think it worth while to take out the thigh-bone at the hip-joint. I say, therefore, that in cases of scirrhus tumor of the breast, where the tumor is actually imbedded in the breast, if you perform the operation you must remove the whole of the breast. You may imagine that this is a very easy thing to be done, but it is not so easy in reality: for in amputating the breast, you will be very apt, in a thin person, if you are not very careful, to leave small slices of the gland of the breast adhering to the skin, and I have no doubt that the part or parts thus left behind in some cases form the nidus of future disease. The color of the gland of the breast is very little different from that of the surrounding adeps; and the blood that flows adds to the confusion. To avoid the error in question, you must be careful in the dissection to keep the knife near the skin, not near the breast; and, further than this, in every case when you have taken out the tumor, you should look at its surface, and see that it is everywhere covered by healthy adeps. If it be not, then examine the inside of the flap of the skin, and see whether any small portion of the breast has been allowed to remain there.

So far, I say, the success of the operation may depend mainly on yourselves: but now let us consider what are the circumstances, independently of anything that you do, that may lead you to think there is no chance of the operation leading to an ultimate cure; and what are the circumstances that would lead you to hope that the result may be more favorable.

First, you may divide scirrhus tumors of the breast into two classes—one where there is a conversion of the gland of the breast itself into the scirrhus structure, there being no well-defined margin to it; the other, where there is a scirrhus tumor imbedded in what appears like a

healthy breast, as if it were altogether a new growth, there being a well-defined boundary to it.

In the first order of cases, where the tumor has no distinct boundary, and where it is the conversion of the gland of the breast into the diseased structure, the operation not only never succeeds in making a permanent cure, but it rather hastens the progress of the disease. The patient dies within two or three years, and probably much sooner, from an effusion of fluid into the cavity of the pleura.

Then, where the skin is contaminated, there is no chance of the operation making an ultimate or permanent cure. The skin may be contaminated in different ways. Scirrhus tubercles sometimes form in it here and there, at some distance round the tumor, the intermediate portions of the skin appearing to be healthy. Here an operation will never lead to a cure, for you cannot remove all the contaminated skin. Where the skin is thus affected, generally the progress of the disease is very rapid, and the patient dies in a short time, from effusion of serum into the chest. But the skin is often contaminated in another manner. It is thickened and brawny; the pores seem enlarged, as if you were looking at them through a magnifying glass, and you cannot pinch it up between your fingers as you can healthy skin. This is a very bad form of the disease. I have known the operation performed in two or three such cases, and the disease has always returned in the cicatrix directly, and the operation has appeared to hasten rather than to retard the fatal result. It does not matter how small an extent of skin appears to be thus contaminated; if any portion of it be in that state the seeds of disease are in the skin in the neighborhood, and the knife divides what is apparently healthy, but what is not healthy in reality.

One effect of a scirrhus tumor of the breast, in a great number of cases, is to cause a contraction of the lactiferous tubes which pass from different parts of the head to the nipple; and this contraction of the lactiferous tubes causes a drawing in or retraction of the nipple. This retraction of the nipple, I believe, is to be regarded as very unfavorable to the ultimate success of an operation; for when the nipple is retracted the disease seems always to have extended to the skin in the neighborhood, and if you examine it very carefully you will generally find manifest indications of disease in it.

Then, in many cases of scirrhus tumors of the breast, the skin is drawn in over the tumor, so as to produce the appearance of a dimple in it. Where this dimple in the skin exists you may be almost sure that there is a scirrhus tumor in the breast beneath it, and on examination you will feel it with the finger. I believe this dimple of the skin over the tumor to form a very great objection to the operation, so that there is little or no chance of a permanent cure. But, on what does the appearance of the skin depend? I have carefully dissected the parts in a case of this kind, and I will tell you how it is produced. There is a small elongation of the disease passing up from the tumor through the adeps into the skin, a sort of scirrhus filament, half an inch, or a third of an inch, or a quarter of an inch, in length. In fact, the dimple indicates that the disease is not confined to the breast, but that the skin is already contaminated.

Then, as the disease goes on, it contaminates the glands in the axilla. The glands in the axilla, if the breast be inflamed, may be inflamed and enlarged, as glands may be inflamed and enlarged from a boil or other inflammation in the neighborhood. But when there are indurated glands of the axilla, independent of inflammation, you may be sure that there is the same disease in these that there is in the breast, that the axillary glands are contaminated, and that there is no ultimate cure to be expected from an operation.

You may say, "But remove the diseased glands from the axilla." I have done this, and seen it done, and I will tell you what invariably happens. Perhaps you have discovered only one enlarged gland in the axilla; you have determined to remove it, and when you have got into the axilla, you find other large glands contaminated in the same manner, though of too small a size to have been perceptible through the skin before the incision was made.

I need hardly tell you that if the scirrhus tumor adhere to the parts below—to the pectoral muscle and to the ribs, or if the skin be ulcerated, there is no chance of a permanent cure from the operation.

You will find patients sometimes, who, while they have a scirrhus tumor in the breast, have indications of the same disease, or some other form of malignant disease, in other organs. One patient may have signs of malignant disease of the liver; another, of the lungs; another, of the uterus. Of course, if there be any suspicion of the same mischief going on in internal organs, you will know that no permanent cure is to be expected from the removal of the diseased breast.

These circumstances, then, are sufficient to forbid an operation with a view to an ultimate cure; but you must also take into account the state of the patient, her age and condition in other respects: for instance, if an old woman has a scirrhus breast in a quiet state, you would never think of amputating it, because she may die first. The disease may outlast her.

Now, having taken away these cases, you will find in practice that there are very few left in which you will think right to offer an operation, as affording a chance of permanent cure. What are the cases, then, in which the removal of the breast is proper? Where the skin is perfectly sound; where the nipple is not retracted; where there is no dimple in the skin over the tumor; where there is no diseased gland in the axilla; where there is no sign of internal mischief; where there is no adhesion of the breast to the parts below; and where the patient is not very much advanced in life: in a case where this fortunate combination of circumstances exists, I should say that there is a reasonable chance of an operation making a cure.

Still, I do not mean to say that in *all* these cases there will be a permanent cure—far from it; but there will be, in *some* instances. The chances of it in such a case as I have described may be sufficient to warrant you in recommending the patient to submit to the operation; and I have the satisfaction of knowing several persons on whom I have performed the operation under these circumstances, who are now alive and

well, and who otherwise would certainly have been dead long ago. So long since as 1832, I removed a breast affected with a scirrhus tumor, and the lady is still alive and well—at least she was so last year. Since the operation she has married and had children. Last year I was called to see a lady on account of another complaint, on whom I performed the operation as long ago as 1830, and there she was, still alive and well.

But besides such cases as I last described, there are others in which the operation for a scirrhus tumor connected with the breast may be performed with a still better prospect of success. A hard tumor sometimes forms on the surface of the breast, which feels like scirrhus, and on cutting into it, it looks like it; so that I can give the disease no other name. It appears to be unconnected with the breast; but when you remove it, you find that it is attached to the surface of the gland, just at one narrow corner. I have removed three tumors of this kind, leaving the breast uncut except where I separated the tumor from it; and in each of these three cases the patient was alive and well a considerable time afterwards. Indeed, I do not know that in any one of them there has been a return of the disease.

Again, a scirrhus tumor may occur in the nipple; and I believe that this may properly be distinguished from a scirrhus tumor of the breast itself, and that there is a greater chance of a permanent cure from an operation where the disease originates in the nipple, than where it originates in the breast. There was a lady who had such a tumor of the nipple. She consulted several surgeons about it; and as the disease was in a quiet state, it was recommended that it should be let alone. After some time she came to London, and was under the care of the late Mr. Rose, who was a surgeon of this hospital; and I saw her with him. The tumor was still confined to the nipple, and had been going on for some years without coming to any harm; but it was now making progress. We agreed that it should be removed. Mr. Rose removed the breast, which appeared sound, the nipple alone being diseased. She recovered, and was alive and well many years afterwards. A lady consulted me concerning a scirrhus tumor of the nipple: at least I call it scirrhus, for it presented all the characters of that disease. It was as hard as scirrhus, and it had ulcerated. The breast itself seemed to be sound. She was a stout elderly lady, with an enormous breast, and a great deal of adeps over it. The removal of the whole breast would have been a frightful operation, and it is more than probable that her constitution would not have borne it. She was suffering great pain from the disease. I applied chloride of zinc, and afterwards the caustic potassa, till I destroyed what appeared to be the whole of the disease of the nipple. This was three or four years ago. The wound healed, and the patient is alive and well at this moment. The two last orders of cases are, then, to be especially distinguished from those of which I have spoken formerly.

[To be concluded next week.]

CASE OF THE LATE MAJOR GRISWOLD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A sense of the obligation which rests upon me to do what I can for advancing the interests of our profession, has induced me to give you, for publication, the case of my friend and neighbor, Maj. Joseph Griswold, late of Buckland.

Maj. G. was a man of robust constitution, sanguine and bilious temperament, about 5½ feet in height, capacious chest, rather large head, short neck, by occupation a farmer and mechanic. He had been subject to *diarrhœa biliosa*, alternating with constipation; had had occasional determination of blood to the head, producing vertigo, relieved by copious venesection; had had a severe attack of acute rheumatism, and occasional fevers.

Soon after his return from Boston (about the first of April, 1843, where he had spent the winter as Senator from Franklin Co.), he called at my residence; said "he was well, but everybody called him sick," and that the day before he left Boston, his friend and colleague, Dr. Champion, of West Springfield, gave him some medicine for disease of his head, which he was then using; asked my opinion of his case, and of the remedies which he showed me. These questions gave rise to an investigation at that, and two or three subsequent times, the result of which I will now delineate. Countenance pale and bloated, and upon the least mental emotion, or bodily exertion, assumes a livid color in the cheeks, nose and prolabia, with more or less coldness in the extremities, and the head is sometimes moved by the violence of the heart's action. Muscular exertion aggravates all of the above-named symptoms. Skin rather colder than natural, with frequent livid appearance of the nails; feet and legs œdematous; says, "I have not been able to wear a boot or a shoe since I arrived at Boston last winter." Function of the brain much impaired; talks almost incessantly; passes rapidly from one subject to another; hurried wakings from sleep, &c. &c.; frequent dyspnœa, aggravated on going up stairs, or any muscular or mental exertion, occurring usually in paroxysms; pulse about 70 per minute, and feeble for the most of the time, with occasional intermissions. When asked—have you any pain? answers, "no pain;" have you any distress? raising his left hand to his clavicle, and drawing it down over his heart, says—"If I have any, it is about here." Thorax in the region of the heart decidedly enlarged; sound, on percussion, dull; other portions of the chest sound natural. On applying the stethoscope, the beat of the heart is more diffused than natural; impulse rather strong; first sound somewhat obscure, but occasionally very strong; again obscure, with a short flapping character; rasp-like sound perfectly distinct. Bowels constipated; appetite tolerable, but depraved; wants vinegar, pickles, &c.; tongue coated with a dark, dirty covering, and red, but not dry; breath excessively offensive. No tenderness of the epigastrium or abdomen; no vomiting; urine scanty and high-colored, otherwise not unnatural.

Diagnosis.—Great functional disturbance of the digestive organs; may be idiopathic hydro-pericardium, but there is positive structural disease of the heart and its valves, probably the aortic; cannot detect structural disease of any other organ.

Prognosis, for the present favorable; may, with proper medical treatment and care on his own part, live months, or even years, but can never promise a radical cure; liable to die suddenly. Advice, for the present, to continue his friend's medicine.

April 10.—Was at his house. Symptoms much the same, but is very weak; walking from the bed to the stove frequently brings on most excessive action of the heart, and a sense of impending suffocation; high state of mental excitement; talks almost incessantly, thinks his medicine does him no good, and wishes me to prescribe for him.—R. Pilulæ hydragryi, gr. xx.; morphinæ sulphas, gr. j. Make four pills; take one morning and night; follow with mild laxative once in two days. Either chloric before getting up, and when faint or distressed.

12th.—Free, dark, fetid evacuations; has rested better, not so many distressed turns. Continue the pills, and R. Iodide of potassium, ℥ij.; aqua, ʒj. Take 30 drops three times per day, using freely a strong valerian tea, with moderate friction.

15th.—Has had an increase of urine; no distressed turns; bowels quite free; breath is losing its fœtor; tongue improved; appetite better; rests more quietly.

18th.—Pulse quiet. Has had copious discharges from his bowels; but, on the whole, is stronger, and appears more like Maj. G. Omit the pill, but continue the morph. sulph. in same quantity.

20th.—Has had a copious secretion of urine, says "two or three gallons in twenty-four hours;" œdema of the feet and limbs subsiding; walks about his house. Take less of the potash.

May 3d.—Says he feels much more comfortable; "must believe me that he is going to get well." Appetite good; bowels regular.

6th.—Walks about considerably; feet natural; countenance much improved.

17th.—Stays in his field from morning till night. For a number of days has worked at planting, driving team, going to mill, &c. &c. Says—"I take my medicine when I think of it." Countenance improving; is quite comfortable.

Between this time and June 14, I saw him almost daily as I passed his fields, or his house, engaged with his help as usual (for Maj. G. was a "working man"). On this day I left home for Boston, and was absent about one week, and on my return learned that he had had a "poor turn," and that Dr. C. Knowlton, of Ashfield (being in town), was called, and subsequently pronounced his case *scirrhus* of the *stomach*; prognosticating decidedly unfavorably. I saw the Major a few days after, about a mile from his house, where he was engaged as commissioner upon an estate. Noticed nothing unusual, save that he appeared very much depressed in mind. Did my business with the commissioners, and returned to my home, and after this heard nothing from him (save the

every-day report of people in the neighborhood, that "he had cancer of the stomach, and was evidently running down"), till about the second week in July, when, as he was my friend and neighbor, connected by marriage, and had once been my patient, I called to see him. He received me cordially, told me that he was "running down," that Dr. Knowlton did not agree with me and Dr. Champion with regard to his case, &c. He appeared much depressed in spirit, moaned frequently, looked pale, was quite weak and was confined to his bed a considerable portion of the time; nothing new with regard to general symptoms.

After this time, I saw him once or twice a week, as a friend and neighbor (Dr. C. Knowlton being, so far as I know, his only attending physician, from the time he first saw him, up to the hour of his death), till about three weeks before his death, when I visited him every day (extraordinaries in business excepted), till he died; noticing minutely, day by day, his symptoms, and the result of my observations, as well as the *post-mortem* examination, I will now submit to you.

From July 24th to the 31st, is confined to his bed most of the time; lies generally upon his back, with limbs flexed upon the pelvis; expression of the eye and countenance rather vacant; pulse 70 per minute, moderately full, occasionally intermits; but little appetite; moans frequently, throwing himself from one side of the bed to the other; recognizes friends readily. From July 31st to Aug. 5th, attitude much the same; lies upon his back; groans often, and loud; head hot, and rolling from side to side; eyes slightly injected, with contracted pupils; has had, since the 24th, rather copious epistaxis frequently; bowels full; pulse in the left hand full and strong, in the right very weak, and often scarcely perceptible; aroused with more difficulty; not inclined to converse. From the 5th to the 8th, posture about the same; lies upon his back, limbs strongly flexed upon the pelvis; head hot, and rolling from side to side; eyes injected slightly; bowels full, and hard, and have not been moved for about fourteen days; not easily aroused; has had a purulent discharge from the left ear; says to friends, when aroused, and asked do you know me? "yes, I know you—yes, I know you"; moans or groans almost constantly; pulse in the right arm hardly perceptible, in the left full and strong; tongue, when protruded, drawn to the right side. About this time his bowels were moved by an enema, producing some temporary relief.

8th.—Visited Maj. G. in company with Dr. Simeon Strong, of Heath (recently of Amherst), who saw him by request of Rodolphus White, a son-in-law of Maj. G. No change in attitude; lies upon his back most of the time; inclines to slip down in bed; moans often; cannot be aroused to any considerable extent. Dr. S. thinks he can detect a slight pulse in the right arm at the wrist.

9th and 10th.—Strength failing fast.

11th.—Visited Maj. G. by request of W. Griswold, Esq., of Greenfield, to relieve him of supposed retention of urine; but, none existing, did not introduce the catheter. Lies upon his back, the very picture of suffering in the extreme; groans almost incessantly; pupils of the eyes

dilated, do not contract under the influence of the strongest light ; right side becoming more and more paralytic.

12th, A. M.—Bowels have moved frequently during the night ; right side completely paralytic ; is in *articulo mortis*. Lingered, in the most extreme suffering, till between the hours of 10 and 12, when death came to his relief.

I may here remark, that so far as I was able to learn, but little medicine was used in the case during the last few weeks of the life of Maj. G., with the exception of brandy and water, which was used as a stimulant in a very moderate quantity, so far as I know, daily during the above time.

Autopsy.—Twenty hours after death. Were present, Drs. Deane, of Colerain ; Strong, of Heath ; Bates, of Charlemont ; Taylor, of Buckland ; Tabor, of Shelburne Falls ; Tobey, of West Cummington ; Knowlton, of Ashfield ; my friend and pupil, I. Perry, A.B. ; quite a number of gentlemen and friends from this and the adjoining towns, and myself. (Scalpel in the hands of Dr. Knowlton.) Nothing unusual about the external appearance of the subject. Adipose tissue upon the thorax and abdomen from half an inch to an inch thick. Thorax first examined. Lungs sound ; no adhesions ; pericardium natural, containing about the usual quantity of serum ; heart, on removal, looks quite pale, the left ventricle in a decided state of hypertrophy, much softer than natural, and very easily torn or detached by moderate pressure between the thumb and finger ; two of the semilunar valves in a state of ossification ; right auricle natural ; right ventricle too soft ; left auricle not examined in its natural situation, being cut away in removing the heart ; valves of the pulmonary arteries not examined, in consequence of being partially lacerated, or cut away.

Abdomen next examined. Stomach, liver, spleen, kidneys and intestines, healthy ; mesenteric glands not enlarged ; pancreas not enlarged, not unnatural in shape, but in a state of simple induration, well described in the Library of Practical Medicine, vol. 3, p. 194, under this head. The head, from various circumstances, as the feelings of relatives, the lateness of the hour, and the approach of the funeral services, was not examined—a circumstance, in a scientific point of view, most deeply to be deplored.

That so slight disease of an organ so obscure in its functions as the pancreas, could under any circumstances give rise to so formidable an assemblage of symptoms and phenomena as were witnessed in the case of Maj. G., is, in the light of science, entirely out of the question. On the other hand, that the great nervous centre, the brain, was most seriously affected by this morbid condition of the circulatory system, or some other cause in the case before us, and that there was for a long time the most violent determination of blood to it, and that this determination was the immediate cause of death, must, *a priori*, be apparent to the merest tyro in medicine. How much the last diagnosis in the case, with a prognosis and treatment predicated upon it, was calculated to prolong the life of the patient, I shall leave for others to decide ; and also what re-

nowned auscultators *we* in little Franklin are, if, with the facilities of a country practice, we can detect the *bruit de soufflet* in an open-air carriage examination, so that after one solitary examination we can declare positively, with regard to an organ the diseases of which are so very obscure as those of the heart—a declaration at which, the brightest star in the pathological constellation of the world might blush, if in an unguarded moment it should chance to escape from his lips.

One therapeutical point, to which I would call the attention of my brethren in the profession, in connection with the case of Maj. G., is this—if a pancreas, in its natural position and in an unenlarged state, may so readily obstruct the flow of bile through the *ductus cysticus*, shall we not be able, simply by studying position, to induce catharsis or constipation in our patients at pleasure, without the use of our common, and to them ordinarily very unpleasant remedies? N. G. TROW.

Buckland, March 6th, 1844.

MEDICINES ADMINISTERED BY THE NOSE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having, for several years, been invariably successful in administering medicines through the *nose*, when the powers of deglutition were totally lost, as well as when medicines have been rejected either through imbecility or obstinacy, and where it was impossible to introduce any in consequence of the tetanic state of the jaws, without having recourse to the barbarous practice of knocking out several teeth, I deem it a duty incumbent upon me to make the procedure known to the profession, as I am not aware that a similar method has hitherto been observed, at least in the human subject. I have adopted the same plan in suspended animation, or asphyxia, with astonishing success—life having been restored, even when its last spark was almost extinguished, and death seemed complete. I shall very briefly state a few cases.

A stout, plethoric girl was taken with convulsions, shortly after a full meal at supper. The family physician was called in, but the convulsions were so violent, and the *jaws* so firmly locked, that he could not introduce any medicine into the mouth. Attempts at bleeding were made; frictions, sinapisms, sprinkling of cold water, &c. &c., were used, to no purpose. At 11, P. M., I was called in. Never had I seen a more violent case of hysterical convulsions—the friends apprehended speedy death. Twenty grains of pulv. ipecac. with 1 gr. potassio-tart. ant. were mixed in a spoonful of water. This was poured into the nostrils, and passed down, as was manifest by the action of the throat. Immediately after, 3 ss. spt. ammon. arom., undiluted, was sent after the other; this produced a marked uneasiness; sneezing followed, but soon ceased. The fits returned, and the aromatic spirit was repeated, at least ten or a dozen times. The face gradually lost its livid hue, the patient became more tranquil, and in twenty minutes the “jaw fell,” and copious vomiting of much acid and undigested food followed. The next morning my patient

was up and about, to the astonishment of all, and well, save a tenderness in the nose and some heat in the fauces.

Not long after the occurrence of the preceding case, I was requested to see a fine, and most completely "spoiled child," four years old. Speedy vomiting seemed to be indicated; 10 grs. pulv. ip. and gr. i. of tart. ant. were repeatedly forced into the mouth, and as often spurted out in the faces of the assistants—holding the head back, and ample pinching of the nose, notwithstanding. Seeing this, a similar dose was prepared in a spoonful of water, and poured into the nostril. This readily passed into the stomach, maugre the efforts the urchin made to send it whence it came. The medicine had the desired effect, and, I take it, saved the wayward child. After this, the little vixen was ready enough to take medicines in the right way.

Last summer I was called in haste to a sailor, who had fallen into the river, and had been under water "upwards of ten minutes," as affirmed by the Captain and by-standers. He had all the appearances of being dead—the face bloated and livid, the mouth filled with froth and mucus. Another practitioner had preceded me, and was industriously occupied in rubbing the body, which was cold and exposed to the air. He was immediately wrapped up in warm blankets, and under these dry mustard was abundantly rubbed over the whole surface, while I was busily employed with the spt. ammon. arom., first pouring \mathfrak{z} ss. down the nostril, then dipping a quill, saturated with the *aqua ammonia*, and which was thrust down the nose as far as could be reached. This caused some motion—the face became a little florid, a feeble attempt at sneezing was evident—then an attempt to cough, but in a moment after, all was again still; but by persevering in this course for fifteen minutes, the man sneezed forcibly. From this instant it was easy to produce excitement. Thirty grains of pulv. ipecac., mixed with water, was now poured down the nose. In about ten minutes vomiting occurred; much mucus, and the remains of a half-digested dinner, came up. In one hour he was partly conscious; he was then bled \mathfrak{z} xvi., followed by suitable aperients, &c. &c., and in a few days, to use his own language, he "would be quite well, if it was not for the infernal burning and itching of the skin [caused by the mustard], and the thump on the head," for he struck it on a plank while falling into the water.

A few months since, I was called to a man stated to be dying, from the effects of an extraordinary portion of whiskey he had just taken. He was cold and clammy; the face and the extremities quite blue; mouth filled with froth; breathing nearly suspended, and pulse countless. He had all the appearances of one in *articulo mortis* with Asiatic cholera. Not having a stomach pump at hand, and not having time to wait for one, as life was nearly gone, thirty grains of pulv. ipecac. was at once mixed up and poured down the nose, as nothing could be passed through the mouth; and the slight effort to swallow led me to think it was trickling down the throat. Immediately after, \mathfrak{z} ss. spt. ammon. aro. was poured into the other nostril; this caused manifest uneasiness, but nothing more. Another portion was administered, which produced some winc-

ing. A long quill, well saturated with the common aqua ammonia, was repeatedly thrust in through the nose. An effort to sneeze, then a cough, and then a good hearty sneeze, assured me that the toper was not entirely gone. Nausea soon became apparent, vomiting followed, and in two hours the wretched man had knowledge enough to ask where he was, and the next day was sufficiently well to take the temperance pledge.

An athletic man, raving mad with *delirium tremens*, to whom it was impossible to give any medicine by the mouth, was in two hours in a state of tranquillity, having *swallowed* through the nose one grain ext. belladonna, two grains of pulv. ipecac., and three grains pulv. opii, mixed with water in a spoon.

I am by no means an advocate for the constant and indiscriminate exhibitions of medicines in this manner. I am even apprehensive, that the liquid thus introduced might *occasionally* pass into the trachea, and produce considerable distress. But where no other means are left, I am decidedly of opinion that the plan above stated should be employed, and I feel satisfied that life might be restored in many cases when otherwise it would be lost; at the same time, I am free to state, that in no instance could I detect any injury resulting from the practice.

When the powers of deglutition are lost, or a spasmodic affection of the throat, or rather of the fauces, exists, as in *hydrophobia* especially, I would strenuously recommend the above practice. And in *asphyxia*, I am satisfied no more effectual nor more prompt means could be used to excite respiration. In all cases where persons are strangled, as it were, from inhaling noxious and poisonous gases—such as are given out from putrefying vegetable and animal substances, after having been closely pent up and suddenly loosened, bodies recently interred, privies long closed and then uncovered—or from breathing carbonic acid gas in brewers' tubs and in deep and foul wells, or in close rooms where charcoal has been burned, I would suggest that the aq. ammon. be applied to the nostrils, and as far down the throat as possible, by means of a strong and long feather. A writing quill I have found to answer admirably well, and in the absence of any of these things, I pour the ammonia from the phial; and if there is the smallest vitality left, it will be called into action by thus irritating the extremely sensible Schneiderian membrane, which will at once call the respiratory organs into activity. I shall not dilate on the above, but leave theory and speculation to such as have more time and talent. I have dealt with facts, and flatter myself on having made known a treatment that will be found available in some of the most desperate and melancholy cases that have but too often baffled the best attempts of able and humane men by other means. Let it be remarked, however, that while these powerful measures are resorted to, other and obvious adjuvants are not to be neglected.

WOLFRED NELSON.

Montreal, Canada, Feb. 12th, 1844.

DR. MASON'S REPLY TO AN ANONYMOUS CRITIQUE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In perusing your Journal of the 21st Feb., of the present volume, I noticed a *scribbling* from the pen of another of your unknown correspondents, who has there attempted, in a manner, the meanness of which is equalled only by its cowardice, to ply his *syringe* from behind a *stump*, with the intention of besmearing some of your correspondents with his slime.

I was in doubt, when I first read it, whether it was proper to notice it; and should not, were it not that he made an attack upon the *phraseology* of the communications he alludes to; and to prove that he had some ground for attack, has pretended to quote extracts from at least one of them. For instance—in the communication on Animal Heat, to which he refers, the following sentence is used—"Messrs. Blake, Davie and Crawford, have all showed much talent in writing on this subject." He has quoted it—"Messrs. Blake, Davie and Crawford have all showed much talent in *writing*"—leaving out that part which completes the sense. Again, he quotes—"I recollect of reading an anecdote in your Journal (the No. I do not recollect) of a young lad, who was kept on a diminished quantity of food for some weeks, the consequence of which was a continued sense of cold. And this is why the aged person never wishes to leave his fireside, especially to be exposed to the chill of winter." This gives the reader to understand that the last clause of the quotation refers to the first, while that to which it *does* refer is left out. And of such is the whole made up, together with the "beauties" of the "Queen's English;" such as "cogitations" for dialogue, "casuist" for reasoner, "stand out in bold relief," "propriety," "rush light," &c. It seems he has commenced a series of communications upon your correspondents; his first directed to two authors (as he calls them), one on *Animal Heat*, the other on *Bloodletting*; and what must add much to the interest of your Journal, and the fond anticipations of your many readers, a promise is held out that at some future time they shall be *edified, enlightened and instructed* by more of his *learned, argumentative* and rhetorical comments, on some of the others. What a monster! Why does he destroy the peace of every one of your correspondents, with the dread that he may be the next unlucky victim who shall be compelled to "run the gauntlet," with this writer and his "cat o' nine-tails," executing the just sentence against the crime of originality, at a period in which lives such a "scintillating" genius as "X. X.," of Worcester! Peace to the two who have already received their stripes! But woe to them whose hacks are yet unscarred by the lash of this voluntary "*Le Rousseau*" of the medical corps.

The communication alluded to was undoubtedly the work of malice or envy, and was done in apparent ignorance of the etiquette that should always be observed by medical men.

May I ask, Sir, is it right that a Journal so extensively read as yours, should be the medium through which such writers as X. X., without a name, may vent their malice, curiosity, or envy? Do not your corres-

pondents expect, that if their communications are thought worthy of insertion, they also may be protected from the *billingsgate* of such individuals? To conclude, if we may judge of the author by the character of his writing, we should say—"Tarry in Jericho till thy beard is grown."

WM. H. H. MASON.

Moultonborough, N. H., Feb. 27th, 1844.

N. B.—I shall take no farther notice of any communication that may hereafter appear on this subject, unless the writer gives his name.

W. H. H. M.

IMPROVEMENTS IN MEDICINE AND SURGERY.

[THE late excellent address of Dr. O. W. Holmes, of this city, before the Boylston Medical Society of Harvard University, has been alluded to in the Journal, and we improve the earliest opportunity to copy a page or two from it. We shall endeavor to make further extracts as space will allow.]

There are many improvements in several most important departments of medical science, to which it is only necessary to allude.

First in consequence, is the ever-growing conviction in and out of the profession, of the comparative insignificance of *drugging* in all its forms as an antagonist to disease. That the body is a changeable compound of particles, which must be properly aired, washed, agitated, rested, protected and renewed, in order that their changes may run on in the rhythm called health; and that no drug can take the place of these conditions any more than it can give music to a piano-string which is loose or broken, is to some extent understood. A vast deal of annoyance and often positive injury is spared to the patient, while the physician has learned submission to the laws of nature, and grown less presumptuous in his expectations and promises.

Concerning various practical improvements in the different branches of our art, it is not my intention to make any particular remarks. The simplification of prescriptions, the isolation of the active principles of many vegetable products, the introduction of new and useful remedies into practice, are matters of interest, but these may be considered as a part of the steady growth of knowledge, and hardly as marking an epoch of progress. The same remark may be applied to the improvements in mechanical surgery. Strictly speaking, this art may be susceptible of continual improvement, in the same way as watch-making or printing; but that each of these pursuits has pretty clearly shown all its essential capabilities, will be generally conceded. We would not undervalue the recent achievements of ingenuity in the invention of subcutaneous operations and the revival and improvement of plastic surgery. But that there are distinct and visible limits to this department, is so clear that the wildest optimist can hardly look forward to the time when such operations as the "total extirpation of the sphenoid," once mentioned in a London journal, shall be performed with impunity upon the living subject.

I have little to say respecting the progress of another branch of the profession, in which the more extended employment of auscultation and the discovery of kiestein are the most conspicuous novelties. I must, however, leave my path a moment for the sake of calling your most serious attention to a fact not often enough insisted upon—namely, the contagiousness of puerperal fever. Having developed the evidence on this point at some length in a journal recently published in this place,* you will not expect a repetition of it here. Allow me only to repeat my conclusions to you.

The offices of an attendant upon the parturient female, in the vast majority of cases, consist of very little more than the prevention of improper meddling, and the promotion of his patient's comfort. The accidents involving life are mere exceptions in the course of a natural process, and when they occur his power over them is generally limited, and often nothing, or next to nothing. I believe that all who will take the trouble to look over the fifteen thousand cases of Dr. Collins, or any other extensive tables giving the result of a large experience, will not think this an unfair statement.

But from the facts I have exposed elsewhere, it appears that the medical attendant has a power of doing mischief which has sometimes proved enormous. He may carry a pestilence about with him from house to house, that shall kill more women in a month than he is like to save in his whole life: there is too great reason to fear that he has done so often. Look over the tremendous series of cases proving what I say, and then if a question should ever arise between your private advantage and a score or two of innocent lives, remember that you have been warned against adding your names to the list of those who, with a smile upon their faces, have carried death from bedside to bedside, sometimes ignorantly and innocently, and sometimes negligently, if not criminally; but compared to whom Toffana was a public benefactress, and the Marchioness of Brinvilliers a nursing mother!

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 27, 1844.

Mineral Paste for filling Teeth.—In the March No. of that well-conducted periodical, the *Americal Journal and Library of Dental Science*, there is an important paper by A. Westcott, M.D., of Syracuse, N. Y., which is worthy of an extensive circulation. The object of the Report, which was originally made to the Onondaga County Medical Society, is to show the injurious effects by filling teeth with amalgams. No one who has paid the least regard to this modern scheme of unprincipled operators, can be ignorant of the alleged injuries produced by it on patients.

* *New England Quarterly Journal of Medicine and Surgery* for April, 1842.

Two roving English dentists, the Crawthurs, made sad havock in New York, a few years since, with their Succedaneum, and the circumstance is not likely to be very soon forgotten. Here in Boston there has been something in use called *lithodeon*, that is regarded as a similar substance to that used by the adventurers who have promised so much and accomplished little or nothing. If a tooth is to be filled, the only safe way is to go to a dentist of known integrity, and submit to the operation he may propose. Gold, and gold alone, the Boston dentists assure us, is the substance that should be used in filling hollow teeth. No salivation follows; no exfoliation of the walls of the jaw takes place, or inflammation of the soft parts, the almost invariable effect of having them filled with the secret compounds of quack dentists—for no others use them.

State Lunatic Hospital at Worcester.—We copy some of the more interesting items from Dr. Woodward's last annual report. Additions are about being made to the buildings, which, when completed, will enable the Hospital to accommodate 400 patients.

This Hospital has now been opened nearly *eleven* years. It has received 1777 patients, discharged 1522, of whom 792 have recovered and 136 have died; the remainder, 594, have been discharged in various conditions, some in a state of convalescence, some greatly improved, others less improved, and many harmless and incurable, or dangerous and incurable, who were sent away for want of room. 255 patients remain, who exhibit all the different forms of disease, from curable insanity to hopeless idiocy.

Patients in the Hospital in the course of the year, ending Nov. 30, 1843, 458. At the commencement of the year, 238. Admitted in the course of the year, 220. Remain at the end of the year, 255. Of the patients now in the Hospital, cases of duration less than one year, 45; cases of longer duration than one year, 210.

Patients discharged during the year, 203. Recovered, 116; improved, 32; incurable and harmless, 24; incurable and dangerous, 9; died, 22. Patients discharged whose insanity was of less duration than one year, 95; of longer duration than one year, 108.

Of the 1777 cases which have been received into the Hospital since its commencement, Dr. Woodward arranges the causes as follows:—Ill health, 279; intemperance, 239; domestic afflictions, 179; religious, 148; masturbation, 133; property, 90.

The number of cases of insanity from religious causes has increased the past year in most of the institutions of this country. In this Hospital, 28 cases of 220 are supposed to have arisen from this cause, 15 of which were attributed to the Miller excitement, and much larger proportions are ascribed to the same cause in some of the New England institutions. It is rare that a popular religious error has produced so much excitement in the community and rendered so many insane. This is not surprising, as the subject is momentous, the time fixed for the final consummation of all things so near at hand, and the truth of all sustained by unerring mathematics.

For the first time since the Hospital was opened the number of married persons admitted has exceeded the number of the single, if we except widows and widowers (103 to 92). In most of the British and American

institutions the number of single persons admitted exceed the married by a considerable number. Celibacy unquestionably favors insanity.

Restraints were never common in this country as in Europe, and though not wholly abandoned, are rarely used to any great extent. I have been more or less intimately connected with institutions of this character for the last twenty years (says Dr. W.), and have had the care of nearly eighteen hundred patients within the last eleven years, yet I never saw a leg-lock, a tranquillizing chair, or a muffled hand garment; neither have I seen a strait waistcoat for ten years, nor any other instrument of severe restraint.

University of New York.—The only reason why no mention has been made of the great school of medicine connected with the University of New York, was because no data were accessible on which to speak with authority. Such a thing as a catalogue has not been seen in these parts, to our knowledge, the present season. However, we have learned that the class contained 327. Subsequently, the papers mention that the graduation of 92 with the degree of M.D., passed off very satisfactorily. All accounts agree in this, that the course the past winter has been all that could have been desired by the friends of medical science. And what is still more gratifying, the two institutions are at peace with each other, and consequently have the good wishes and cheering influences of the great public at large.

The following are the names of the candidates, with their native place of residence affixed to each, and arranged in alphabetical order:—Jas. N. Alford, S. C.; J. F. Arrowsmith, N. J.; Christopher V. Barnett, N. Y.; Edw. Bayard, Del.; Wm. H. Beatty, N. C.; Wm. P. Bell, Pa.; Elbert Bland, S. C.; Jas. H. Bogardus, N. Y.; Chas. Bonner, Ala.; Thos. H. Brown, N. C.; Thos. E. Burtzell, N. Y.; — Bruce; Jas. A. Carmichael, Va.; Jas. D. Caulfield, Va.; Seth P. Chapin, Conn.; Elihu D. Cherry, S. C.; Edw. L. Chichester, N. Y.; Francis V. Clark, Pa.; A. S. Combs, N. J.; Alex. J. Dallas, N. Y.; Nathan Deane, Vt.; J. J. Delamater, O.; Milton K. Devane, N. C.; H. P. Dillenback, N. Y.; S. Z. Earle, N. B.; J. Edwards, Ind.; C. W. Ensign, Conn.; R. W. Evans, U. C.; J. W. Fell, N. J.; A. F. Follin, Ala.; Jas. B. Gilbert, N. J.; John D. Goneke, Ga.; Wm. W. Green, N. C.; Geo. C. Gray, Tenn.; H. N. Guernsey, Vt.; Jas. Hamer, Pa.; N. Hanford, N. Y.; J. R. Hawes, N. C.; Thos. H. Hawks, N. C.; Sam'l W. Hazlet, N. Y.; A. S. Heath, N. Y.; H. Hubbard, R. I.; E. W. Hunter, Ga.; Edw. Jenkins, Md.; W. B. Klipstein, Va.; Jesse Leapheart, S. C.; N. C. Levings, N. Y.; R. Manley, N. J.; John M. Mars, S. C.; R. B. McCay, Pa.; J. W. Meriwether, Ala.; Thos. Milner, Ga.; Jacob Moore, Conn.; A. C. Morrogh, N. Y.; Jno. F. Morse, Pa.; J. R. Mowbray, N. Y.; A. F. Newkirk, N. C.; J. W. Osgood, Mass.; A. Otterson, N. J.; David G. Outlaw, Tenn.; S. Allen Paddock, N. Y.; W. C. Parker, N. Y.; John E. Peck, Pa.; W. A. Player, S. C.; Henry C. Preston, Conn.; G. Prince, N. Y.; Sam'l S. Purple, N. Y.; Benj. F. Rawls, S. C.; B. Rives, Va.; J. G. Rives, N. C.; Ira Russell, Mass.; N. B. Scott, Md.; R. B. Scott, Va.; W. R. Sevier, Tenn.; C. W. Stoothoff, L. I.; W. W. Strew, N. Y.; E. Thayer, Mass.; B. W. Thompson, N. Y.; Matt. Thompson, O.; Edw. Townes, Va.; Jas. D. Trask, Mass.; A. J. Trippe, Ga.; R. A. Tucker, S. C.; F. Tuthill, L. I.; J. O. Van Hovenbergh, Ill.; C. D.

Varley, N. Y. ; A. C. Walker, O. ; J. A. Walker, S. C. ; J. H. Webb, Ala. ; L. B. Wever, S. C. ; H. L. Whipple, Ala. ; F. Woodruff, Conn. ; D. H. Bruce, Ala.

College of Physicians and Surgeons.—At the Annual Commencement of this institution, held at the College in Crosby street, the President conferred in form, the degree of M.D. upon the following list of candidates : James H. Allen, A.M. ; James Altham ; John Van Dyk Berier, A.B. ; Wm. Blackwood ; Robert F. Brewer ; David T. Brown ; John H. Brush ; John J. Crane, A.M. ; Thos. W. Foster ; Cha's L. Frost ; John S. Gardner, A.M. ; Jeremiah C. Garland ; Charles B. Gill ; Philo P. Greenly ; Alexander Greig ; John C. Hubbard ; Anthony D. Morford ; Francis J. Morse ; Patrick A. McBarron ; Samuel J. Osborn ; Alexander Perry ; Joel R. Ross ; Thomas Ryerson, A.M. ; Der M. Senakerim, A.M. ; John Snowden ; De Witt Tappan ; Valentine Vermilyea ; Cyrus F. Ward, A.M. ; Claudius B. Webster, A.B. ; Ferdinand L. Wilsey ; Joseph Winterbotham ; John Young. The degree of Doctor of Medicine is also conferred upon the following gentlemen, absent by permission :—Samuel Healy ; Samuel S. Migenen.

Richmond Medical College.—In the thriving city of Richmond, Virginia, is located the only medical school in the State. It has an efficient faculty, and everything else that appertains to a good institution. At present, the edifice in which the lectures are given, is not what is required. It is on the main street, and any unusual commotion of teams makes it extremely difficult to hear the speaker. A few weeks since, it was our happiness to be present at one of Dr. Warner's lectures—on dislocations. It was admirable, and gave us an opportunity of judging personally of the tact and eminent professional qualifications of the occupant of the chair of surgery. The Legislature should cherish their only medical institution, and at once give them such conveniences for teaching as are due to the respectability of the professors and the dignity of their labors. At the annual commencement recently held, the degree of M.D. was conferred on twenty-four young gentlemen, and an honorary degree of like character on Dr. Nath'l T. Green, of Danville, Virginia.

Health in the Ohio Penitentiary.—The condition of the Prison, as relates to health and disease, is fully set forth in the Report of the Physician, Dr. Wm. Trevit. There was an unusually large amount of sickness in the institution during the past year, in consequence of the prevalence of epidemic disease among the prisoners. It is highly gratifying to learn, however, say the directors, that, notwithstanding the increased amount of sickness, the number of deaths among this unfortunate, but erring class of our fellow mortals, was considerably less than an average of the past history of the Prison. There were 800 cases, and nearly 9000 days lost by sickness ; while the number of deaths by disease, was but twelve—six of which were from chronic diseases that occurred in debilitated and worn-out constitutions, a part of whom came to the Prison with fatal maladies preying upon them.

By reference to our report of last year, they further observe, it will be

seen that the average per cent. of deaths in the Penitentiary, since the New Prison has been occupied, up to that time, had been about one in thirty-two; this year it has been less than one in thirty-eight. This is attributable, in a great measure, to the careful attention in the hospital, and the skilful and persevering exertion of the Physician.

We consider this, in regard to the skill and fidelity of Dr. Trevit, as highly complimentary. The institution is located at Columbus, the capital town of the State.

Removal of Dropsical Ovaria.—Dr. D. H. Walne, of London, whose three successful cases of removal of dropsical ovaria by the large abdominal section have been alluded to in this Journal, and one of them copied in full, has recently performed his fourth operation of the kind, but which was unfortunately attended with a fatal result. The patient was an unmarried lady, 45 years old, had been tapped several times, and the case was altogether a complicated one. It was at her own urgent request that the operation was performed.

Medical Degrees conferred in March.—The Annual Commencement of the University of Maryland took place on Thursday, on which occasion diplomas were presented to thirty-eight graduates of the Medical College. The Valedictory Address, delivered by Professor N. R. Smith, was very appropriate, and was listened to by a large concourse of ladies and gentlemen, with much interest and satisfaction.

At the Commencement of the Louisville Medical Institute, celebrated at Louisville, Ky., on the 1st inst., 47 students received the degree of Doctor of Medicine.

At the Annual Commencement of the Medical College of Ohio, held March 5th, 1844, the degree of Doctor of Medicine was conferred by the Hon. Judge Este, President of the Board of Trustees, after a previous examination by the Faculty, on 36 gentlemen.

Dr. Fred. Dorsey, of Hagerstown, Md., in about fifty years' practice, has completely left Dr. Dwight in the rear. He has presided as the accoucheur of more than *eight thousand children*, and in a number of instances has presided over three generations of persons.—The scarlet fever is very prevalent and fatal at Newark, N. J.—Dr. Wm. P. C. Barton, of the Medical Bureau, we are happy to perceive, is innocent of certain alleged defalcations, which turn out to be mere fabrications.

TO CORRESPONDENTS.—The communications of Drs. Allen, Bartlett and McFarland, are on file for publication.

MARRIED.—At Fort Jesup, Louisiana, Jos. K. Barnés, Assistant Surgeon, U. S. Army, to Miss Mary T. Fountleroy.

DIED.—At Windsor, Conn., on the 15th inst., Eliphalet Buck, M.D., aged 78, formerly of Granby.

Number of deaths in Boston for the week ending March 23, 28.—Males 14; Females, 14. Stillborn, 3.

Of consumption, 9—infantile, 5—dropsy on the brain, 1—scald, 1—erysipelas, 1—scarlet fever, 4—hooping cough, 1—burn, 2—inflammation of the lungs, 1—sudden, 1—child-bed, 1—croup, 1—marasmus, 1—inflammation of the bowels, 1—dropsy, 1—unknown, 1.

Under 5 years, 16—between 5 and 20 years, 1—between 20 and 60 years, 9—over 60 years, 2.

A New Life-preserver.—Our friend, Dr. L. H. Mosby, has invented a *life-preserver* which strikes us as superior to anything of the sort ever yet proposed. It consists of a tin box rendered air-tight, which is to be fitted to the bottoms of the chairs on steam-boats, and which, without being in the way, will form a buoy, always at hand, upon which several persons might float in case of accident. It is at once cheap, simple and efficient, and we have no doubt will soon be found in use on all our steam-boats. Dr. Mosby has taken out a patent for it.—*Western Journal of Medicine and Surgery.*

Mesmerism.—Mesmerism seems to have over-run the land. The marvellous feats, of which we heard so much from foreign parts, a few years since, are now daily performed in all the towns and villages of our country. "Such things overcome us like a summer's cloud," not, however, without exciting the "special wonder" of the people. A body of scientific gentlemen, in this city, performed a series of experiments, a few weeks ago, intended to test the reality of the mental sympathy, alleged to exist between the *mesmerisee* and the persons in communication with her. The report of these experiments will be published in our next number. The facts which it sets forth make a curious mass of evidence on the subject, which may enable those who are still in doubt, to form some judgment touching the pretensions of this "science."—*Ibid.*

Judicial Advice to Medical Practitioners.—"In the course of a case which was tried at the Old Bailey yesterday, a medical witness in giving his evidence used the word 'tumefaction,' upon which Mr. Justice Coleridge said, 'I suppose by tumefaction you mean swelling.' Witness—'Yes, my lord.' Mr. Justice Coleridge—'Then it would be much better to use plain English, than to speak that sort of mongrel Latin.'" Such is the purport of a paragraph in the *Times* of Wednesday, or rather such is the paragraph itself. Now we must say, that, if correctly reported, Mr. Justice Coleridge was most absurdly hypercritical; we deny that "tumefaction" is mongrel Latin, or even a pedantic expression, and we think it rather too good that the lawyer should think of correcting the doctor for a fault which the world at large regard as *par excellence* the foible of the gentlemen of the long robe.—*London Medical Gazette.*

Employment of Chloride of Zinc in Toothache. By DR. STANELLI.—According to Dr. Stanelli, the chloride of zinc, liquified by exposure to the air, possesses the property of calming dental pains.

His mode of application is most simple. By means of a small hair pencil, a small quantity of it is applied to the cavity of the painful tooth, and in the space of a few minutes it appeases the most acute sufferings, without causing any irritation.

Before proceeding to the application, it is indispensable carefully to surround with cotton wadding, and, when the chloride has been applied, to well fill the cavity with this same cotton. The mouth is finally washed with a little warm water.

The author affirms that he has obtained uniform success from this means in more than fifty cases, and that he has never observed the progress of the caries rendered more active by it.—*Annali Universali de Medicina; and Chemist.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, APRIL 3, 1844.

No. 9.

ON THE REMOVAL OF SCIRRHOUS TUMOR OF THE FEMALE
BREAST.

[Concluded from page 153.]

BUT here another question arises. Is there no other reason for performing the operation for the removal of a scirrhus tumor of the breast, than the hope of making a permanent cure? May it not be worth while to perform it sometimes to give the patient a respite—to relieve her from present suffering, or with a view to prolong life for a limited period? Undoubtedly it is; and I will mention to you some cases illustrative of this observation. There was a lady, about 40 years of age, who had a scirrhus tumor of the breast, and there was a cluster of diseased glands in the axilla. When she came to me the skin over the tumor appeared to be on the point of ulceration, so that the disease was going on to great mischief. I said to her, I am afraid the operation will not make a permanent cure, and I cannot recommend it. She asked whether I had anything better to offer; and I could not say that I had. She went away, but in two or three weeks came again. She then said that she had consulted two or three other surgeons (whose names she mentioned), and found that they were all of the same opinion. But she added, "I now come to beg a favor; and that is, that in spite of these opinions you will remove the breast." I asked her what her reasons were, and she said, "I am in these circumstances: I have a daughter 18 years of age, an only child. I know that I shall not survive very long; but it is a great object to my daughter that I should live to be her friend and adviser for two years longer. It is for this reason, and this only, that I wish to take the chance of an operation." There was no withstanding such an appeal as this, and I removed the breast, but never thought of touching the glands in the axilla. There was no distinct return of the disease in the cicatrix, and the glands in the axilla did not greatly enlarge; but at the end of two years she was seized with symptoms of disease in the chest; there was an effusion of fluid into the pleuræ, and she died. I may take this opportunity of mentioning, that this is the most common way in which scirrhus tumors terminate life. Little miliary scirrhus tubercles form in the lungs, and then there is an effusion of fluid into one or both of the pleuræ. There was a lady who came to me with scirrhus

tumor of the breast. It was small, and so also was the breast, and I should have recommended the operation, but that there were two or three hard and large glands in the axilla. I said to her, you have not much suffering, I cannot recommend an operation; let it alone. A year after she came to London again. The tumor had now ulcerated, the glands had much increased, the ulcer produced excessive suffering, so that she was miserable. I did not remove the tumor with the knife, but I applied the chloride of zinc, and destroyed it. The sore healed. Some seven or eight months afterwards there was a tubercle formed in the cicatrix, which ulcerated like the former one, and I destroyed it in the same manner. She was enabled to go on with great comfort, in fact suffering very little, except at the time when the chloride of zinc was applied. At last, after the lapse of a year and a half, disease was established in the lungs, effusion took place into the pleuræ, and she died in consequence of it. There was a lady who had a large malignant tumor of the breast; it was not exactly scirrhus, but approaching to it in its character; and I did not think that an operation would lead to a permanent cure. By-and-bye she came to me again, and now the tumor was very much enlarged. The skin was ulcerated, and the ulcer was horribly painful, so that her life was truly miserable. I said, I am afraid you will not get a permanent cure; but, suffering as you are, it is worth while to have the breast removed in order to relieve your present misery. The breast was accordingly removed; it was of a very large size; there was a very broad wound, with a great deal of bleeding; but she recovered, and continued well upwards of three years. She had then some abdominal disease, and a tumor was felt in the belly, which I conclude was of the same character as the one in the breast. When I last heard of her she was supposed to be dying, and I imagine that she is now dead; but she was relieved of great suffering, and lived three years longer than she would have lived if the operation had not been performed.

I may mention another case. A lady came to town with a large tumor in one breast. There was a fungus protruding, and in the centre of the fungus there was an opening, through which a probe could be passed to the bottom of the tumor. There was also an enlarged gland in the axilla. Sir Astley Cooper saw the patient with me, and as she was suffering a great deal from the ulcerated tumor, we agreed that she should have the breast removed, not expecting a permanent cure, but merely a relief from her present distress. The breast was removed, the wound healed, and she had no return of disease in the breast; but a year afterwards her physician in the country wrote to me, saying that she had symptoms of some malignant disease going on in the chest. She died of effusion into the pleuræ. There was another lady with an ulcerated scirrhus tumor of the breast, which was so painful as to make her life miserable. I told her that I could not promise her a permanent cure; but as she was suffering miserably, she might as well have the tumor removed, nevertheless. She did so, and she lived in comfort for many months.

There may be, then, cases in which you are justified in performing the

operation for the removal of a scirrhus tumor of the breast, not in the expectation of a permanent cure, but to obtain a respite for the patient and relief from present suffering. But here you must use some discrimination; for, if the skin be actually diseased, I cannot advise you to have recourse to an operation; the disease returning in the cicatrix so soon, that the patient will get not even a respite from it.

There is still another circumstance to be taken into the account when you come to give an opinion as to the expediency or in expediency of an operation. Is there any danger in the operation itself? It is commonly said that this is not a dangerous operation; but I can appeal to the experience of all surgeons who have had much to do with it, whether they have not known persons die from it, and whether it be always free from danger? I know that it is not. I have myself lost patients after the operation, and every surgeon has had the same misfortune. Here I think that *something* depends upon the mode in which you perform the operation, and manage the patient before and afterwards; while a great deal depends upon circumstances not under your control. First, you should take care that there is as little hæmorrhage as possible at the time of the operation. Never believe those who stand by at any operation, and say, "the patient has lost no more blood than will do him good." Hæmorrhage during any operation is a great evil, and is one of the chief causes of failure; not that the patient dies directly of hemorrhage, but indirectly. It lays the foundation of erysipelatous and of venous inflammation, and other mischief, some time afterwards. Then take care not to keep the patient very low before the operation. What used to be termed preparing for an operation by low diet is always wrong. The patient need not be stuffed and crammed before an operation, and she should have her bowels emptied; but as to repeated purging and very low diet, that is not right either before an operation or after it. An operation is a shock to the system, making a great demand upon the vital powers; and if you take away whatever stimulus and food the patient is accustomed to, the constitution probably will not bear it. So far, I say, the success of the operation is, to a certain extent, under your control; but then there are circumstances that are unfavorable, but which you cannot influence. For instance, in a large, fat woman with an enormous breast, the operation is frightful. There is an immense wound, and there will probably be great hæmorrhage in spite of all your care. An old woman will not stand the operation like a person less advanced in life. You are to look upon an operation, especially if there be a large incision, in an elderly person, as always attended with a certain degree of danger; and so it is when the patient is of a delicate and fragile constitution. For example, those women whom you meet with frequently in private practice with an hysterical nervous system, a small pulse, and cold hands and feet, are always unfavorable subjects for operations, especially for those that are attended with even a moderate loss of blood. In such women as these you are to avoid an operation if possible. But where the breast is small, where the patient is otherwise healthy, and not much advanced in life, and where you do not starve the patient either before the operation or after it,

and are also careful that there shall be as little loss of blood as possible, there the danger of the operation is comparatively trifling.

I have spoken of the operation for the removal of scirrhus tumors of the breast; but the breast is liable to other malignant diseases, and the observations which I have just made apply to these cases as well as to the others. I think, however, that where the malignant disease of the breast has the form of fungus hæmatodes, the chance of ultimate success is even less than where the disease has the form of scirrhus. Fungus hæmatodes is a worse form of malignant disease than scirrhus; and in most of the cases of it which I have seen in the breast, where the tumor has been removed by operation, the patient has always died in a short time afterwards of disease of the lungs and effusion into the pleuræ. But, after all, I believe that these are essentially the same disease, whether assuming the form of scirrhus, or fungus hæmatodes, or pancreatic sarcoma. Whatever may be the names given to them by pathologists, you may be assured that malignant diseases are all nearly related to each other, and that the remarks which I have made respecting the one are applicable to the rest.

I will mention some cases to illustrate this last observation, which I think it is of importance in practice that you should not forget. There was a woman who had a scirrhus tumor of the breast; there was that brawny condition of the skin which I have already described, as indicating a very bad form of the disease. The whole of the skin was converted into a scirrhus tumor, so that the tumor of the breast was scarcely to be distinguished under it. She had also some disease of the liver, and there was a discharge from the uterus. She died, and on examining the breast there was a scirrhus tumor well marked; but in the liver there was a tumor having well-marked characters of fungus hæmatodes or medullary disease; and in the uterus there was an excrescence of that kind which the late Dr. John Clarke described as cauliflower excrescence of the uterus, and which he regarded as an incurable malignant disease of that organ. So that these three diseases, all malignant, and to which different names have been given by pathologists, were all associated in the same individual. The preparations showing them are in the museum. Here the different diseases all co-existed, but I have seen them occur in succession, and I will mention a case in point. When I was a young man, I went with Sir Everard Home to perform a private operation. It was in the case of a lady from the country, who had a tumor apparently in the abdominal muscles. Sir Everard removed the tumor, and when we came home and examined it we found that a portion of peritoneum adhered to it, and that it was a plain case of scirrhus tumor. The wound healed very well, and the lady went out of town. In the course of a little time, however, she again came to London, with another tumor formed in the cicatrix. She again put herself under Sir Everard Home. The tumor was larger than the one he originally removed, but he removed it as he did the former one. It had no longer the characteristic structure of scirrhus, and I can only describe it by saying that it was like the fibrine of the blood, without color; laminated; something like the

buffy surface of a coagulum of blood drawn during inflammation, and very slightly organized. The wound healed, but by-and-bye a third tumor formed in the cicatrix, and she again came to London. It seemed not worth while to remove the tumor a third time. It increased in size, and occupied a great part of the belly. She died, and it fell to my lot to examine the body. The tumor was entirely different in appearance from either of those that had been removed. It was a regular brain-like or medullary mass, or a tumor of fungus hæmatodes. Hence, in the one case three different kinds of malignant disease existed in the same individual at the same time, and in the other they showed themselves in succession. You may sometimes remove a tumor from the breast, in one part of which you have one structure, and in another a different structure.

There is a circumstance which I ought to have mentioned in an earlier part of the lecture, but which I accidentally omitted, and which ought always to be taken into account whenever you are in doubt as to the expediency of the operation. It is very true that a scirrhus tumor of the breast will generally terminate the patient's life, if left to itself, in three or four years, but very often it lasts much longer. I remember a lady of fashion who had a scirrhus disease of the breast; who lived in the world, and nobody knew anything about it for several years, I believe ten or fifteen. I remember another lady who had a scirrhus tumor of the breast twenty-five years, and she died at last, not from the disease of the breast, but from effusion into the cavity of the chest. If you are doubting about the expediency of an operation, and the disease be in an indolent state, the recollection of such cases as these, where the patient has lived with a scirrhus tumor of the breast unaltered for many years, should be sufficient to incline you to reject it. The chance of a patient living long with such a disease is not sufficient to make you throw away the chance of an operation, where it is likely to be attended with advantage, but is sufficient to make you decline the operation where other circumstances would lead you to doubt its propriety.—*London Medical Gazette.*

EPIDEMIC ERYSIPELATOUS FEVER.—NO. IV.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.]

HISTORY, continued.—While the epidemic erysipelatous fever was most rife in Middlebury (1842), it was prevailing extensively at Moriah, N. Y., a town about twenty miles from Middlebury, and adjoining Crown Point where it prevailed the winter previous. It was estimated that nearly a thousand cases occurred in this town, and proved as mortal as it had done the year before at Crown Point. At this time, it prevailed at Bristol, Addison and Salisbury, each about ten miles from Middlebury. Most of the other towns in the vicinity, with the exception of New Haven, where some cases happened, were mostly free from the complaint.

Towards the close of the winter the disease became more generally prevalent. Shoreham, Brandon and Vergennes suffered extremely from

the epidemic invasion. At this period, it extended its ravages through Westport, Plattsburgh and Burlington, but Bridport and Cornwall were free from the disease till the winter of 1842 and 43, when it occurred in these places, and the other towns where it previously existed were mostly free from its influence. Hence, from these facts an important conclusion in relation to the character of this epidemic disease is deduced, viz., that *when it has once expended itself in a place, village or neighborhood, it will not recur again in the same place for a series of years.* This has been strictly true in this section of country, however nearly alike the places were, or however closely situated. When in 1842 and 43 it was almost universally prevalent at Cornwall and at Bridport, not a case of it was known to have existed at Middlebury where it so extensively prevailed the previous winter. The same holds true in other places, so far as I have been able to ascertain. Exceptions may exist, and it is probable instances of this nature may be found, but, it is believed, not sufficiently numerous to invalidate the general position.

Another important fact deserving special attention in the history of this epidemic, is that those individuals *who have had it at one epidemic period are exempt from its influence at its next occurrence.* Whole families who were afflicted with it in Middlebury in 1825 and 26, had no touch of it on its second and recent occurrence. I have not been able to find an individual who was confined with the genuine affection in 1826, who experienced any essential evil from its influence in 1842. Of this latter class, in one neighborhood, a considerable number were constantly engaged in attendance on the sick, and no inconvenience ensued. As it was at the former period, so it remained at the latter, in all its essential characteristics. Generally, when it occurred in a family all the members would become affected. In its incipient febrile phenomena, its duration, and in its local manifestations, it had at each time an identity. Nor, indeed, has its essential specific characters varied much through the whole extent of the vast region of country in which it has prevailed for the last three or four years. So far as it has fallen under my observation, the difference has consisted more in the degree of violence of the pyrexia than in any specific difference or variety of character. Under all the varying circumstances of *time and place*, the situation of the local affection in a great measure governs the danger: it being understood, as it has already been premised, that inebriates and puerperal women generally die; not from any similarity existing in these instances, but from circumstances hereafter to be explained.

Its severity and its fatality have been about the same at each of its visitations in this vicinity. In 1826 the apparent mortality was greater than in 1842. This arises from the fact that there were more puerperal cases. At the former period there were an uncommon number of females *enceint*. One physician, Dr. Z. Bass, attended *thirty-three accouchments*; and of these, *only eight* had an attack of puerperal fever, and of the eight, *seven died*. During this time the writer was sick with the erysipelatous epidemic four or five weeks, and attended only *ten accouchments*, and of these, *three* had the complaint in the puerperal form, and *each died*.

There were about twenty other instances of parturition, and *six or seven* cases of an attack of the epidemic puerperal fever, and of these *all died but one*. At this time there were not less than sixty instances of parturition in town, and seventeen or eighteen cases of puerperal fever, of which all proved mortal but two. In 1842 there were five instances of puerperal, all of which proved fatal, and not less than twenty cases of parturition. Hence, at each time of the prevalence of the epidemic erysipelas, one fourth of the obstetric cases had the child-bed fever.

It is to be observed that the same physicians who attended these fatal cases, attended also those where no puerperal fever ensued; and that they were at the time in constant attendance on the ordinary cases of the epidemic erysipelas. At the time the late epidemic was most prevalent, 1842, the writer had six cases of parturition, visited as counsel four of the other puerperal cases, and was constantly attending erysipelatous patients, and none of his obstetric cases had the fever.

Puerperal Fever.—Another important and interesting fact in the history of epidemic erysipelas, is that it is most generally accompanied with epidemic puerperal fever. That “they are concomitant epidemics,” says Dr. Gordon, “I have unquestionable proofs.” “For these two epidemics began at Aberdeen at the same time, and afterwards kept pace together; they both arrived at their *acme* together, and they both ceased at the same time.”—(See Gordon’s Treatise on this disease at Aberdeen.) The puerperal epidemic which occurred at London in the years 1787 and 88 was accompanied, says Dr. Clark, principally with an erysipelatous kind of fever. Dr. Hey, in his treatise on puerperal fever, informs us that at the time it prevailed at Leeds, there was no other prevalent disease, “except erysipelatous inflammations, which prevailed during the whole period of the puerperal fever, and in many cases were of a very malignant kind; insomuch” that he did “not recollect ever to have seen worse cases of erysipelas than at that time.” Dr. Robert Lee, in his treatise on puerperal peritonitis, tells us that “in the autumn of 1829, a short time before the puerperal epidemic broke out in the British Lying-in Hospital, two children died of erysipelas; and that a few days before its re-appearance in 1830 another infant died with erysipelas. The hospital was closed for several months.” The recent visitation of the epidemic erysipelas both in Canada and in several of the northern States in the winter for several past years, has pretty uniformly been attended with more or less cases of puerperal fever. As remarked by Dr. Gordon, they seem to be “concomitant.” Indeed, it appears that they have been generally thus regarded by medical writers and most practitioners. Such are the views entertained by Clark, Hey, Lee, Gordon and others.

The position, in my apprehension, is unfounded. It is not sustained by either analogical deductions, practical observations or *post-mortem* examinations. Dr. Gordon says he “has unquestionable proofs” that “they are concomitant epidemics,” &c. A well-known law of epidemics is an assumed sovereignty; the power or capacity to convert all the ordinary diseases into their own specific character. Such was the

fact in relation to the plague in the time of Sydenham, such the character of the yellow fever as reported by Rush, and such was notoriously the case in the late singular peregrinations of the epidemic cholera. And, it is believed, such has been the controlling influence of all preceding epidemics. The idea, therefore, of "concomitant epidemics" is at best extremely paradoxical, if not an absurdity. It is what mathematicians call the occupancy of the same space at the same time by two bodies, which they regard physically impossible.

Celsus advised women to be treated after delivery as though they had received *some wound in an important organ or part of the body*; and Willis says, "women in child-bed ought to be managed not only as persons *sorely wounded*, but as having gotten a feverish disposition." These averments probably have foundation in matter of fact. The process of parturition leaves the interior surface of the uterus partially, at least, denuded. It is a species of wound. And experience has too well shown, that wherever erysipelatous fever has prevailed, epidemically, most wounds or organic lesions have been the occasion of an attack of the prevalent disease. Puerperal lesions constitute no exception to the general results. Indeed, that this is the fact, appears demonstrated from some cases incidentally related by Dr. G. himself. In his sixth reported case, "*on the fifth day*" there was "a complete termination of the fever." The crisis was by a diarrhœa, *accompanied with an erysipelas of one of the arms.*" In another case mentioned by him, the wife of Wm. Walker, a crisis was formed by the appearance "*of an erysipelas on the integuments of the abdomen.*" Dr. Gordon remarks (page 49), "a very frequent crisis of the disease is by an external erysipelas; which is a proof that there is a metastasis, or translation, of the inflammation from the internal to the external parts." This fact appears clearly to admit the identity of these affections, or the erysipelatous character of the puerperal fever of Aberdeen, else a change of character must have taken place in the metastasis.

[To be continued.]

THIMBLE IN THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

NOVEMBER 2nd, 1836, I was called to Mrs. F., married woman, aged 30, of a plethoric habit, who was suffering with severe pain in the back and lower part of the abdomen, accompanied with vascular and nervous excitement. Since the birth of her only child, who was three years old, she has had almost constant pain in the back. She has menstruated regularly, but with difficulty, having about every three months so much distress as to require medical attendance. She passed the last period without menstruating, and it was then near her time. Venesection was succeeded by a rigor, and afforded no relief from pain. In order to ascertain the cause of this evidently uterine pain, I made an examination per vaginam. The os tincæ was sufficiently dilated to admit the point of the

finger, which came in contact with a hard foreign substance. Upon extraction, with pocket-case forceps, it proved to be a steel thimble without a top. An injection into the vagina, of a strong solution of ext. hyoscyamus, and the administration of a cathartic, completed the treatment. She was entirely relieved of her old complaint, and in ten months and two days (Sept. 4th, 1837) was delivered of a healthy child.

Upon inquiring how the thimble came there, she stated that when her child was born she had a midwife with her, and remembered her inquiring for her thimble, when about to leave, and it was not to be found. It was undoubtedly the cause of her suffering for three years, and must have been introduced before the uterus had resumed its natural dimensions. From the fact that conception took place so soon after the removal of the thimble, we may infer that it prevented fruitfulness, either by preventing the ingress of the semen or by allowing the escape of the impregnated ovum. The position of the thimble was with its side presenting, and its roughness enabled me to turn it so as to pass one blade of the forceps inside. To show the importance of making examination, I will state that she had been attended, at different times during the three years, by ten physicians, none of whom examined her per vaginam, and either one of whom might have given her permanent relief had he known the cause of her suffering.

E. BARTLETT, JR.

South Berwick, Me., March 18th, 1844.

RESULT OF AN OPERATION FOR THE CURE OF SPERMATORRHŒA.

[Communicated for the Boston Medical and Surgical Journal.]

IN the 1st No. of Vol. XXIX. of the Boston Medical and Surgical Journal, are the details of an operation performed by Dr. Josiah Crosby (formerly of this place, but now of Manchester, N. H.), upon a young gentleman for the cure of seminal weakness. The operation being no less than the entire removal of the testicles, was novel in its nature, and undoubtedly unwarrantable as a general method of procedure in such cases. But, be that as it may, the results in this case have been highly gratifying, if we may judge from the great change which has been wrought in the condition of the patient by the operation. From being an utter outcast from society, almost completely demented, and destined apparently to the life of a miserable recluse, his very existence absolutely unknown to the nearest neighbors of the family, a complete metamorphosis has been effected both physically and mentally. Instead of being little better than a drivelling idiot, as at the time of the operation, with just reason enough to implore anything which afforded him a chance of relief, he is now actively engaged in mercantile pursuits, with mental vigor as well as physical capacity much above mediocrity. The first ray of light which follows the removal of a congenital blindness, would elicit no livelier expressions of gratitude than the results of this operation do now call forth from the unfortunate subject of it. This, too,

has been with a full acquaintance with other measures which may be used before resorting to an operation so revolting as castration.

From motives not the best, this supposed sin of commission on the part of the operator has been explained to the subject of the operation ; but so far from calling forth any feeling of regret, it only confirmed him in declaring his conviction that nothing else than removing all possibility of a relapse, would have rescued him from the terrible consequences of such (to him) hopeless abandonment.

Reasoning *de jure*, such a step as castrating for the cure of spermatorrhœa seems not only an unprofessional method of overcoming an evil curable by milder means, but also of unpardonable cruelty, provided the subject of the operation be not fully apprised of the other means which the healing art possesses for his relief ; but that cases do exist, *de facto*, where not only is health destroyed, but every vestige of moral fortitude and self-denial is completely annihilated, no one will deny. Cauterization is undoubtedly *the* remedy ; but in the case before us, the patient labored under so strong an impulse, amounting even to insanity at times, that though the discharge might be temporarily arrested, the detestable practice which laid the foundation of the evil would certainly continue, despite the best regulated treatment.

Dr. Crosby's professional reputation needs no defender ; but a thorough acquaintance with the result of this operation, which, if it has added nothing to the resources of our noble art, has at least restored to himself and to society one of our species, induces me to give this account of the present condition of the patient, who, although deprived of certain not absolute "essentials," is raised to something more than a mere vegetable existence.

A. McFARLAND, M.D.

Meredith Bridge, N. H., March 22, 1844.

LANE'S ANATOMY AND PHYSIOLOGY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the last number of the Journal was an *anonymous* notice of the new work on Human Anatomy and Physiology by Dr. Lane, of Boston—the same book, Mr. Editor, that you and another M.D. highly commended, in the same Journal, a few weeks ago. An *anonymous* notice, if friendly, has but little value ; if unfriendly, is cowardly ; if unfair, must be classed with crimes. The notice of Dr. Lane's book by *Alpha* is both unfriendly and unfair, and would have been left unnoticed by me, had you not, by giving it a place in your Journal, most incautiously and *unmercantilely* endorsed the note that the principal dared not sign.

I have said that the notice was unfriendly. There can be no better proof of this, and of unworthy motives, than the *personal* allusions so frequent in it. An honest critic confines himself to the work, a dishonest one tries to make the author contemptible ; but just as far as he resorts to this method, he commends the book to all candid and considerate minds, if, as in this case, he proves nothing against the book.

Alpha brings it as a serious charge against Dr. Lane that he has attempted to make a book on a certain subject, still susceptible of great improvement, ten years after a certain esteemed physician had made a book on the same subject. But Drs. Griscom, Comstock, Coates, and Combe, have done the same, and are not blamed for their rashness, though named by Alpha. There must be a personal motive for conduct like this.

Alpha charges Dr. Lane with making a book that is not needed. The public, and especially *teachers*, must judge of this; and perhaps "The School and Schoolmaster," the new work that has been thought worthy of being sent to every one of the 11,000 schools in New York, and the 3,400 in Massachusetts, may be cited without offence, when it says (p. 483) in disinterested truth, "There are several good works upon the subject published in this country—Hayward, Coates and Andrew Combe. *Neither of these is complete,*" &c.

Dr. Lane is charged with being a *penny-a-liner*; or, in other words, with expecting compensation for his labor and skill, when he is invited to make a book! If Alpha will inquire, perhaps he will find that others, whom he commends, have also committed the same unpardonable offence. Dr. L. is also accused of ambitiously desiring to see his name on the title-page of a book as an author! He had had a full opportunity of seeing it before, as the excellent translation of the *Physiology of Edwards* will show.

Alpha says, "We find in Dr. Hayward's book an Introduction containing an important exposition of *tissues* and three chapters on Absorption, Nutrition and Decay, which are not to be found in our author." Well, what of that? Dr. Lane does not profess to copy Dr. Hayward. He prefers to mention these subjects in another place.

Dr. Lane is further charged with "*writing down*" to the comprehension of *little pupils*. He tried to do so, and it seems by Alpha's charge, if *he* is a judge, has succeeded.

Dr. Lane is also charged with noticing the new sciences or notions of phrenology, animal magnetism and neurology; but clergymen of undoubted orthodoxy speak of Mormonism, Millerism, transcendentalism, &c., without losing caste, and where is the difference? He gives no opinion of their claims.

But, no matter how well he has treated the subject, Alpha says he has not well defined the word *physiology*. It would not be difficult to show that the charge is incorrect as well as immaterial. The work to which Alpha seems to refer as a model, says, "Physiology, in its *limited* sense, is that branch of knowledge which explains the *uses* of the various organs of living beings." Now, is it not evident that physiology is all this in its *unlimited* sense? and may it not be a question whether physiology does not explain the *function* or *office* of the organs rather than their *use*, for we use one organ to make sausages and another to hold gas or snuff. But who would pretend that the work alluded to was not excellent, because the definition of its subject admitted of such cavils?

Again, Dr. Lane is accused of indelicacy because he devotes a page or

two to a description of the kidneys and their functions, an organ which Dr. Hayward does not even mention as constituting a part of the animal economy. This charge will *lie*, but in a very different sense from what most of the others do, for the kidneys *are* mentioned, and the only cause of regret is that so important an organ is so slightly passed over. Incurable diseases owe their origin to the cruelty of teachers arising from their ignorance of this matter. I hope, Mr. Editor, *you* will venture to give them some plain advice upon this important subject.

Alpha's professions of "kind wishes" might have been spared, for nobody can be deceived by them. Dr. Lane has attempted no more than he had a perfect right to do, and, I may add, no more than he has proved himself fully competent to do. The success of the work and the approbation of judges who are not ashamed of their names,* fully prove that by uniting the anatomy of the organs to a description of their functions, by illustrating the anatomy of the organs as no other school-book has done, and by simplifying the language for the use of unprofessional persons, Dr. Lane has done a good service to the public, though his success may, in some way, have given offence to Alpha. OMEGA.

MEDICAL CASES TREATED HOMŒOPATHICALLY.

[We insert below, in part, a communication which was acknowledged some weeks since in the Journal. The writer is Dr. M. Richter, of Hallowell, Me. We have not room for all the cases reported by Dr. R.; these, however, it is believed, may be considered a fair specimen of the whole. Our publication of them, of course, implies no change in the views we have so often expressed in regard to the homœopathic system.]

I have myself been established in this village since the middle of March, 1843. Place and country were entirely strange to me. I had an introduction to a single family. Far from wishing to excite unnecessary opposition among the numerous physicians here and in the vicinity, I advertised neither in newspapers, nor handbills, nor cards. Only over my office there is a sign, bearing the words—"Dr. R.'s office."

In this way I have attended, in the course of about nine months, 283 recorded cases. Trifling cases I do not record. Most of these were chronic diseases, treated allopathically for years without success. Others were acute cases. Gout, rheumatism, sexual derangements, hysteric and neuralgic cases, fevers, inflammations, ulcers, tophi, scrofulosis, catarrhal and scrofulous ophthalmia, lameness, arthrocace, luxatio spontanea, cancer and polypus uteri, influenza, consumptive cases, different cardialgias, tœnia, asthma, worm diseases, all kind of diseases of the skin, &c., came to my notice.

I treated all these cases strictly homœopathically. Where I found it indicated, I supported the internal treatment by external applications,

* One of the newspapers stated, a few weeks ago, that Dr. John C. Warren warmly recommended the new Physiology of Dr. Lane to the medical class then attending his popular lectures.

consisting of baths, fomentations, and preparations of homœopathic medicines.

CASE I.—Mr. S., about 50 years old, sanguineous; suffered from piles for years. Pains brought on by too much physical or mental activity; was sick for several weeks; applied a Badeau plaster upon the small of the back, but finds pains and plaster insupportable. March 16, forenoon, general prostration; lameness and paralyzation of the back and extremities, feverish. Removed the plaster; abdominal fomentation. *Aconit.* Afternoon all the pains gone, remaining stiffness in the back when rising. *Sulph.* Foot-bath, strict diet. Continue March 17, 18, 19 and 20. March 21, well, walks out.

II.—D. P., about 73 years old. Gout rather constitutional. Swelling of the right foot and ankle, violent inflammation in the loins, somewhat relieved by a blister. Removed the blister; fomentations on the small of the back and right lower extremity. Appetite and operation of the bowels not good, depending on artificial aid. March 16, *Nux vom. Bell.* March 20, much easier, some bloody urine. *Cann.* March 21, bloody urine and reddish gravel from the kidneys in considerable quantity, without pain. Afternoon, ride in a sleigh. Excellent night. Urine, brown milky, fatty. *Canth.* March 22, a very little pain in the back, some natural stool. Walks about in the house. Continues well. April 3, passed gravel, dark red, fatty urine. *Bry., canth., cann.* Comfortable. May 2, feverish, prostrated on the back. May 8, takes physic. May 5, violent hæmorrhagia ani and urethræ. *Nux. Millet.* (Sleep.) May 11, comfortable. May 12, regular urine. May 14, walks about in the house. Tepid baths. Swelling of the leg entirely gone. May 17, violent bleeding from the nose, rather habitual, lasting sometimes 12 till 16 hours; this time it terminated in about three quarters of an hour. *Mosch., Arn., phosph.* May 23, takes cleavers as a diuretic, allopathic dose. May 24, fever, cold sweat. *Ars., cinch., coloc.* No repetition of fever. June 3, gout changing legs. *Colch., bry., sed.* June 10, comfortable. Goes over to allopathic treatment under the care of his son, a physician, who arrived from the South.

III.—Miss N., about 50 years old, sprained the right arm one and a half years ago, by lifting a heavy sick person. Generally healthy, neither gouty nor rheumatic; cannot use the arm for the lightest work. Has been under the care of all kind of doctors, here and in Boston, without success. March 13, regular topical fomentations and baths to improve the dry, unhealthy skin. *Arn., rhus.* March 14, sore feeling around the joint in the arm. Med. cont. March 15, many little eruptions on all parts of the arm, mostly near the joints. Till March 21, more and more eruptions. Sweats. *Sulph.* Can sew with tolerable ease. April 5, boils. *Nux. Bell.* Continue, with topical applications, sweats and medicine, until May 2, when she found the right arm much improved, but the left more feeble than before. *Arn., sulph., lecrum.* Local treatment. Was then taken by the influenza. *Nux. Bell. caust.* Has been cured from that and from the remaining lameness of the left arm. There remains only a neuralgic sensibility from certain occupations, viz., knitting, which she cannot bear.

IV.—Ann, a girl 7 years old ; worm disease ; discharges ascarides ; colic ; fits after eating ; headache around the eyes ; short cough ; often somnambulant ; cannot bear more of the patent worm medicines sold in the stores ; has been under the best medical care. *Cina.*, *phosph.*, *bry.*, in succession ; diet. The complaints have left her entirely.

V.—Miss G., about 23 years old. March 23. Of healthy appearance, lymphatic, dyspeptic, headache, severe pain in the pit of the stomach ; plaster upon it ; took Thomsonian pills in quantity ; dry cough from the stomach ; sickly always, but now for ten days rather slim ; on the sick-bed since March 19 ; lost a sister from a similar disease. In consequence of pills and lobelia taken, she vomited and had discharge from the bowels. March 22, feverish. *Acon.*, *nux.* March 24, cough in the night. *Puls.* (Sleep.) Menses one week too early. Stool after injection. *Bry.* March 25, natural stool. 26th, the plaster had been removed instantly from the stomach, pain unchanged by fomentations. A standing, stone hard body to be felt after each examination in the pit of the stomach or right epigastrium. Throws off the medicine, and some undigested food, without any bile. Declared that I had little confidence to save the patient, being so far deranged in the digestive canal as not to keep a homœopathic dose. Proposed to engage another physician. Declined ; requested to continue the treatment. *Nux.* was kept. Thirst, freely cold water ; vomits flam and a stuff smelling like lobelia. March 27. *Cham.* Vomits a green, bilious substance. Torpor and prostration increasing. Recognizes with difficulty her friends. Moaning. Applied, with the consent of her friends, different external means. A short shower revived her spirits so much that she scolded all around her, and asked for some apple-pie. Torpor and moaning soon returned. No change brought on by medicine ; generally it runs from the mouth soon after having taken it. Died April 4.

This case has been industriously reported to my other patients thus—He has killed her with water. No dissection was made. Death was caused, no doubt, either by ossification of the pyloric orifice, or by stricture of the duodenum, or a disorganization of the mesenteric glands. How much the constant blistering of one of the most sensitive places, I mean the pit of the stomach, and the pills and physic, have aided to this untimely end, is not here the place to decide.

VI.—Mr. R., 56 years old. Dyspepsia and incubus ; singular tickling and burning in the palm of the hand ; lean, pale complexion ; brown-coated tongue ; once in a week, stool. The fits in the night commence in the thorax, after disagreeable dreams ; screams loud ; good appetite ; sour stomach. March 15, *Nux. vom. Magn. mur.* Diet ; inject. April 8, *Nux. bry.* Much improved ; no night fits. April 13, *Nux.* Dyspepsia and incubus entirely cured. He never before has been without taking medicine.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 3, 1844.

Naval Bureau of Medicine and Surgery.—Having been furnished with all the recent documents, bearing upon the nature of the controversy between Dr. Wm. P. C. Barton and almost everybody who has had anything to do with the newly-created bureau, we are prepared for commenting upon the matter, and accordingly premise—first, that Dr. Barton has a singular faculty of getting people by the ears. We are assured that he is a learned and amiable man, but it seems to be true in relation to him, as it was with Laplace, who was a miserable manager of a department, although the first astronomer of the age.

Dr. Barton appears to have been exceedingly earnest in stopping certain leaks in the national cask, through which a vast quantity of spirit made its escape. Now this was perfectly right, and what it was his duty to do. Yet in the very act of effecting a desirable revolution, he took an unlucky course, that raised up enemies from Dan to Beersheba. His *spirit circular*, as it has been christened, was obscure in its phraseology, and calculated to inflame the naval surgeons—a high-bred, honorable, educated body of gentlemen, some of whom have spoken with unmeasured vehemence of the *Bettying* propensity of the head of the Washington Bureau. Dr. Barton's note to the House of Representatives, under date of February 28th, is a hard piece of English composition, and not at all calculated to increase the number of his official friends. He says—"while in the honest and energetic exercise of the duties of an office he neither sought, wished for, nor, under the haste in which it was created, and under the undefined nature of its operations, approved of," &c. Now the doctor has clung to an office which he did not approve of, like a drowning man to a straw: he has left no stone unturned to secure the citadel, which he neither sought or wished for—and although the bastions of his own erection for personal defence, have repeatedly tumbled over, and left him exposed to the attacks of a host of malcontents, he has clung to the mouldings of the Bureau with a convulsive grasp. His official death was exceedingly tedious—a sort of *terrapin* resignation, after decapitation.

In the speech of the Hon. A. H. H. Stuart, of Virginia, in the House of Representatives, on the 29th of February last, he refers to Dr. Barton thus—"I will add, moreover, that I, like many other gentlemen, had been somewhat prejudiced against him in consequence of the artificial and involved style of his report, which was submitted to this House; and that prejudice was by no means diminished upon first acquaintance, by his manner and style of dress, which was equally unnatural and eccentric." It is perfectly clear, from all that can be gathered at this distance from the place where all the Bureau trouble was concentrated, that Dr. Barton destroyed his influence and lessened the character of the office to which he had been appointed, by meddling with little things—straining, as it were, at a gnat, and swallowing a camel.

While we are in the act of reviewing the labors of the first head of the naval Bureau of Medicine and Surgery, word comes in the public papers

that he has been dismissed—and that is not all, but that he is to be tried by a court martial for peculation while in office. We are pained with this intelligence, and hope that he will come out from the fiery trial unscathed, the honest man we have always believed him to be. That the difficulty in which he finds himself involved has grown out of his own indiscretion, seems quite certain. He was, we think, honest, but the process by which he proposed to ascertain whether all the other naval surgeons were honest also, has been productive of utter confusion. Had he resigned a year ago, he would have been happier, and his enemies fewer in number.

Giving Medicine through the Nose.—A communication appeared in the Journal, last week, on the value of administering various medicines by the nose—principally emetics, in cases where the jaws are spasmodically closed. Dr. Wolfred Nelson, of Montreal, the author of the paper, is a gentleman of such standing in the community, that any recommendations from him in regard to the management of the sick, are worthy of special attention. We view the process which he describes, as something of peculiar interest, and that should be remembered by the practitioner—for he knows not how unexpectedly he may be obliged to follow Dr. Nelson's suggestions, to save life.

Eastern Lunatic Asylum, Virginia.—Amongst other favors, the accumulations of the past week, is the "*Annual Report of the Physician and Superintendent of the Eastern Asylum, in the city of Williamsburg, for 1843.*" In the Old Dominion, that place of venerable estates, great men and unbounded hospitality, there are two establishments for the comfort and accommodation of the insane. The one located at Staunton, we have personally examined; and, in truth, can say, that when completed, it will be a very convenient and desirable residence even for sane persons. Not many weeks ago we were present in the House of Delegates, at Richmond, when the subject under discussion was in regard to an appropriation for the completion of this same Staunton institution. Never was money more grudgingly given, if the opponents of the measure were in earnest in their hostility. Such shilling legislation was contemptible, and unbecoming the renown and dignity of that ancient and leading Commonwealth. Instead of having two receptacles for the insane in the same State, at the public charge, it strikes us that the entire patronage should have been concentrated in one. Neither the one at Williamsburg nor that at Staunton is in that unexceptionable condition that one would have been in, if receiving the undivided attention of the Legislature.

From the 1st of January to the 30th of December, 1843, there were 135 patients at Williamsburg; 80 were males and 53 females. Six colored men and nine colored women were included in the catalogue. Whole number of patients on the first of January, 93. In the year, 42 were received, and 12 discharged. Whole number of deaths, 14. Dr. John M. Galt is the Superintendent and Physician—a gentleman of enlarged views, who writes like one that feels that responsibilities of no common sort rest upon him. "As it regards the subject of cures," says Dr. G., "the very circumstances of our Asylum, so far, incline me to the belief that without some explanatory remarks, mere figures in themselves are

apt to mislead, or, at least, not to convey a correct impression." This was said after uttering the following observations, viz.: "There is an evident tendency now existing amongst superintendents of insane asylums, to find fault with statistics, as applied to the various matters treated of in the reports of these institutions, and amongst others, as to the statistics of cures. This opposition has its origin in the idea that the matters so arranged in a tabular form, are of such a nature as not to admit of sufficient evidence to justify the exactitude of having numbers applied to them."

All the processes of conducting this institution are on the most approved system. The moral management, occupation of the subjects, amusements, religious observances and the medical treatment, are philosophical, humane and praiseworthy. Those who are so fortunate as to see this report, will be gratified with its perusal.

Gainesville Domestic Practice.—Not knowing how to christen a certain treatise on domestic medicine, that has come to our address, owing to its incomprehensible character, it was thought, as the author, Thos. J. Vaiden, M.D., hails from Gainesville, Alabama, it might very properly be called the Gainesville Practice. It requires a genius, in these latter days, to invent a new system of quackery. All the old projects are pretty well understood by the people. If one succeeds now, he must have something exceedingly mysterious, and utter great, unmeaning words, which, unluckily for the unthinking part of mankind, pass currently for intellectual greatness.

This Dr. Vaiden actually surpasses any of the New England medicine mongers, in the unfathomable depths of his ideas. The title of his book is—"A Treatise on Domestic Practice; the part sanctioned by nature and benefited by science; or utilitarian principles establish conservative science. Fourth and last treatise." Happy event for the Commonwealth of Alabama if this is to be the finale! What must have been the nature and influence of Nos. 1, 2 and 3, if the fourth presents such a formidable medico-literary aspect! That the professional reader may be able to appreciate some of the beauties of composition in this unparalleled production from the good town of Gainesville, one quotation must be offered.

"The advancement of the utilitarian, establishes conservative science, and no Issue; for that part of domestic practice in which individuals and families are essentially concerned, is exerted as necessary, obligatory, and sanctioned by nature, who is sovereign in appeal and is benefited by science, who is thus necessarily absent or excluded from professional visit, anterior to which the injury is momentarily maturing."

This is only equalled by the sanative proclamations of Dr. Rainwater, whose name is still revered in Massachusetts on account of his superior attainments in murdering the king's English.

On the first page was the following endorsement—"Please notice." We have complied, with extreme mortification that such a farrago of cabalistic bombast should have been ushered into being by any respectable printing office in the United States.

Chronic Splenitis.—A variety of curious thoughts are interspersed through Dr. Chapman's new work. His style is particularly agreeable;

it has just what all medical books should have, viz., enough of something that is pleasant to keep one from weeping all the while he is reading about the physical woes of humanity. Dr. Rush possessed the art of writing on medical matters in a way to maintain his popularity through all future ages. Dr. Chapman has certainly the same happy tact—and he will therefore rise billows high in literary reputation above the heads of some prosy, heavy disease describers, who seem determined to nauseate their readers quite as much with their writings as they do their patients with prescriptions.

As gloom and melancholy were ascribed by the ancients, says Dr. Chapman, to the right side, so were petulance and waywardness to the left hypochondrium. Though we, perhaps, do not now observe this nicety of distinction, the general fact of the mind being usually much disordered with proneness to dejection of spirits, or peevishness, or sullenness of temper, in these visceral diseases, is universally confessed. Blackmore, the poet, who having been a physician, is of higher authority, declares that—

"The spleen with sullen vapors clouds the brain,
And binds the spirit in its heavy chain.
Howe'er the cause fantastic may appear,
The effect is real and the pain sincere."

Milk-sick Literature.—Dr. Lawson, of Cincinnati, the accomplished editor of the *Western Lancet*, has commented very properly on Dr. McIlhenny's treatise, alluded to some weeks since in this *Journal*, and bestows proper praise where it belongs, in regard to its object. It will be remembered that the author believes that the *trembles*, the *terrific disease* of the West—is produced by the *rhus toxicodendron*, which is totally distinct in character from the *rhus radicans*. Without apparently designing to undervalue Dr. McIlhenny's discovery, Dr. Lawson has thrown a shade of doubt over it by this single sentence, viz., "Many of Dr. McIlhenny's suggestions are good, and his pamphlet, therefore, will constitute a valuable addition to the *milk-sick literature* of our country."

The Surgical Adjuster.—A little pamphlet is abroad, which speaks particularly of the advantages of this instrument, in the treatment of fractures and dislocations. It will be recollected by readers, that the Adjuster was the subject of particular notice in the *Journal*, several months since; which is the only apology presumed to be necessary for not describing it again. That it is an ingenious and powerful machine for extension, cannot be questioned. If the inventor would fix upon a price that would bring it within the means of those whose circumstances require that they should be economical, he would confer a special favor on very many. Surgeons of distinction in New York, Philadelphia, and some in the naval service, recommend the invention very warmly.

American Manakins.—Messrs. Hyatt, of Rochester, N. Y., the gentlemen of whom mention has heretofore been made in regard to their ingenious models of the human body, have made extensive preparations for conducting this new enterprise on a scale commensurate with the demands of the

profession. Their advertisement, in to-day's Journal, is recommended to the special consideration of anatomists.

Anatomy of the Eye.—Dr. William C. Wallace, of New York, delivered a lecture before a body of the physicians of Boston, at the Tremont Temple, in this city, on Saturday evening last, on the minute anatomy of the eye. The lecture was exceedingly well received. He certainly is a man of great modesty, yet from the exhibition of his intimate knowledge of the diseases of the eye, we are convinced that he has higher claims to public confidence than a reputed oculist of that city, who is much sought after by Bostonians.

New Remedy for Broken Bones.—A doleful account appears in the *lobelia* magazine, the cayenne messenger of the Thomsonians, published in this city, all about the fact that a man at East Boston had one of his arms broken. and that it was found necessary to have it amputated on the 16th day from the accident. This is the horrible part of the narrative—and the writer calls out lustily for a redress of grievances, &c. &c., but consoles the sympathizing public by saying that—"The botanic treatment would have cleansed his system by harmless emetics, and enemas to clear the bowels; to have kept the limb dressed, cool and clean; and by warm medicines accompanied with specifics calculated to compose the nervous, febrile affection which would follow; from day to day to have invigorated the patient. The limb would have been saved. There is no doubt." The idea of giving emetics, particularly, in cases of fracture, is quite original, and should be placed entirely to the credit of the erudite periodical in which it appears.

Tracheotomy in the last Stage of Croup.—At the sitting of the Academy of Sciences on the 8th of January, M. Scoutetten, Professor at the military hospital of instruction at Strasburgh, read a case of tracheotomy performed with success in the last stage of croup. He performed the operation on his own daughter, an infant six weeks old, to save her from imminent death.

The operation was successful. According to M. Scoutetten, it is the only instance of tracheotomy performed on account of croup on an infant of this age; and the only one in which such alarming symptoms lasted so long. He is of opinion that this case ought to encourage the timid, and show the surprising resources of nature at this tender age.

MM. Roux, Breschet and Serres were appointed to report upon the case.—*Gazette Médicale.*

TO CORRESPONDENTS.—Dr. Trowbridge's paper on Hernia, Dr. Bachelder's on Belladonna in Scarlatina, Dr. Deane's case of Amputation in the Mesmeric state, Dr. Haskell's case of Carcinomatous Tumors, P. B. C.'s remarks on the Growth of the Beard, a Note from Dr. Buchanan, and R.'s "Apology for becoming a Homœopathic Doctor," have been received.

Number of deaths in Boston for the week ending March 30, 28.—Males 13; Females, 15. Stillborn, 3. Of consumption, 4—Inflammation of the bowels, 2—scarlet fever, 6—lung fever, 2—cancer, 2—teething, 1—marasmus, 1—bowel complaint, 1—typhus fever, 1—old age, 3—debility, 1—disease of the heart, 1—rickets, 1—canker, 1—croup, 1.
Under 5 years, 14—between 5 and 20 years, 4—between 20 and 60 years, 6—over 60 years, 4.

Rheumatism in the Horse.—"Mr. Tessin remarks that Bouley, one of the most experienced veterinary surgeons in Paris, assures him that the ordinary course of rheumatic inflammation in the horse is the very reverse of what is usually the case in the human subject. In the latter, as all know, the affection of the joints is primary, and that of the pleura, pericardium, or other internal parts, is consecutive, or secondary; whereas, in the former, pleuritis is generally the primary, and arthritis the secondary, affection."—*Veterinarian*.

Pathology of Sea-Sickness.—Affections of the eyes, as irritation of the retina, sudden light, rapid interchanges of light and darkness, or quick motions of objects looked at, cause vomiting, from the circumstance that such impressions of the visual nerves affect the same parts of the brain that are concerned in vomiting (namely the corpora quadrigemina). The notion that sea-sickness is entirely due to a disturbance of vision by continual changes of place in objects seen, is, however, shaken by the fact that blind persons are as subject to the affection as those who see. The actual and chief cause of sea-sickness lies (probably) in a peculiar affection of the corpora quadrigemina, by which it is a natural result that it should follow disturbances of vision produced by the rolling of a vessel. But such disturbance is evidently not a necessary prelude to it, as is proved by its occurrence in the blind; and some experiments by Burdach have gone to show that the peculiar affection of the corpora, productive of vomiting, is caused by the continual efforts of persons on board ship to preserve their equilibrium.—*London Lancet*.

Case of additional Nipple. By THOMAS H. H. DAVIES.—Monday, the 1st January, I was called to attend Mrs. C. in her confinement. She proceeded through the different stages in the natural way. The next day she found that her linen below the left breast was saturated with milk. Her attention being directed to the cause, she discovered something like a nipple. Upon my arrival she mentioned the circumstance to me, and I found just below the substance of the left breast, on the integument covering that side of the chest, a decided nipple, about one-third of the usual size. It had a distinct areola around it, and milk issued very freely from it. The most extraordinary fact is, that she had already given birth to four children, but never before detected this anomaly.

I requested my friend Mr. Batty, lecturer on midwifery, to see the case; and he stated that he had never met with such an instance, either in his private practice, or in the public institution to which he belongs.—*London Medical Gazette*.

On the Employment of Cochineal in the Treatment of Hooping Cough.—Dr. Cajetan Wachtl, of Vienna, treated nine children, suffering from hooping cough, with cochineal, as recommended by English physicians. The remedy was administered in all stages of the disease; and its efficacy was so instantaneous and constant, that, notwithstanding the paucity of cases, Dr. Wachtl feels authorized to regard cochineal as a specific in hooping cough. The following is his manner of exhibiting the remedy:—Take of cochineal, one scruple; sugar, one ounce.—Dissolve in six ounces of warm water. The dose is three teaspoonfuls in the twenty-four hours.—*Pharmaceutical Journal*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, APRIL 10, 1844.

No. 10.

REMARKS ON HERNIA, WITH CASES.

By Amasa Trowbridge, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

SEVERAL interesting cases of hernia have recently passed under my inspection and treatment, which go to settle some important facts to be observed in the treatment of these affections. The reduction of hernia by taxis is a very common occurrence, and in many instances it gives relief to the patient. It is equally true that in many cases the patient is not relieved, and death follows. It seems to be a generally-received opinion, and acted upon by many, that if a surgeon can reduce a hernia he has done all that is necessary, or all that can be done; and even if it is a case of strangulated hernia, that this being accomplished, will relieve the parts strangulated.

Now it is well known to the experienced surgeon, that in many of these cases, there may be concealed mischief, within the sac, which will certainly cause the death of the patient if not seasonably remedied. The incarcerated parts may be returned, while the symptoms of strangulation may continue without the least mitigation; and it is not till after the fatal result, that the true character of the case is unfolded.

There are many cases of old hernias, where the intestines have passed into the sac and adhered to its sides, or inner surface, and remain there for months, and years, exercising their healthy functions, without much interruption, and finally become strangulated at the neck of the sac, not by a stricture upon the neck of the sac, by its surrounding tissues, but by the neck of the sac itself upon the intestine. This is the condition of many strangulated hernias that are easily reduced by taxis, and the whole of the sac, with its strangulated contents, placed in the abdomen.

This fact is denied by some writers, and much overlooked by others, in their directions for treatment of hernia. Forty years' practice has developed to me many cases thus characterized, and several cases have very recently transpired to convince me of the fact, and of another result of yet more importance to the physician and surgeon, viz., that the sac with its contents may return through the ring into the abdomen, or be put up by taxis, and be retained there by supporters or trusses; and the intestine, in that position and condition, become strangulated.

I know it is asserted by some, that neither art, nor any other pro-

cess, can accomplish the reduction of a hernial sac, unless the tissues surrounding it are torn or separated from it; but it is a fact well settled with me, that the cellular substance will yield to pressure, and become elongated, and afterwards shrink again. Do we not often see a viscus, which has suffered a displacement, return spontaneously again into its natural situation? and pathology furnishes us with many similar examples.

In some cases of hernia, the sac with its contents may be pushed back with the utmost facility; but can we be certain that by doing this we have liberated the strangulated intestine, or that it may not become strangulated after the sac is thus placed within the abdomen.

The following case demonstrates this fact. A. Ackerman, Esq., of the town of Brownville, aged 48, of good constitution, had been affected with an inguinal hernia on the left side, for several years, and had worn a truss, which generally prevented its descent, though occasionally it would pass out, and would be easily replaced by the patient himself. On the first day of March, inst. he was attacked with symptoms of colic, followed with fever. Scarlet fever was prevailing in the neighborhood, and under an impression that his indisposition was of this nature, he took no physic, or but little medicine, although he had all the symptoms of colic. He passed three days in this condition, with an increased aggravation of symptoms; violent pain in the abdomen, vomiting, and all the symptoms that characterize colic. On the 3d, he sent for Dr. Hunter, a physician of intelligence and skill, who adopted and steadily pursued the usual means to overcome the symptoms, for twenty-four hours, without giving relief, at which time I saw him in consultation. He informed me of the circumstance of the old hernia, but that it had not now made its appearance; that there was tenderness over that portion of the abdomen, that the bowels had not moved from the commencement of the attack, that there was constant disposition to vomit, hiccup, with accelerated pulse, &c., and that all the symptoms had become more alarming for the last twenty-four hours. On further investigation, a tumor or hard body could be felt within the abdomen, and near the internal ring; and the patient stated, that his great pain had been at this point, and that it had been painful to the touch, &c. A strangulated intestine within a sac, was suspected to be the cause of the colic; but bleeding, cupping, injections with the long tube, warm fomentations, and croton oil, with infusions of senna, were administered, without producing any favorable results, except relaxation of the tension of the abdomen. An aggravation of all the symptoms followed, and, as the patient observed, "*it appeared that death was rapidly doing his work.*" An operation to search out the difficulty was proposed, and the patient and his friends readily assented.

On a full examination of the parts I could readily find an internal opening, and that the hernia had been of the direct, or ventro-inguinal kind, as the passage was directly into the abdomen. I could press the outer integuments through the opening into the abdomen with my finger, and when the patient stood upon his feet, I could feel a heavy body press against the end of my finger, and that it would descend and rest near the outer portion of the opening or external ring. It appeared like a case

of concealed hernia, though, not like that confined in a canal, as it is generally described.

The patient was placed in a recumbent posture, with his head and shoulders raised, and an assistant's hand pressed on the left side to push forward and confine the discovered tumor as low as possible. I made an incision with a few strokes of the scalpel, through the integuments to the outer ring, and exposed a transparent portion of the peritoneal sac. This was drawn down and out partly through the opening; it adhered to surrounding cellular substance, and was distended with fluid. On puncturing it with a lancet, two ounces of lymph, with offensive gas, passed out. Opening the sac with a bistoury an inch and a half towards its neck within the abdomen, brought to view a portion of intestine strangulated, and of a dark-brown color. On passing my finger between the sac and intestine, I found them adhering firmly at the neck, and by using some force I disengaged them so as to pass a narrow bistoury between them, and cutting towards the pubis, I made an incision sufficiently large to admit my finger through into the abdomen. I now disengaged the intestine from the opposite side of the sac, and its neck, and separated the two portions which formed the knuckle or strangulated portion which adhered, and placed them, entirely disengaged from the sac, back among the intestines. The operation was attended with but little pain and no hemorrhage. The opened sac was left in the incised parts, and these brought together by the interrupted suture passed deep from each side, supported by compress and the T bandage.

Stimulating enemata were continued, calomel and opi., infusions of senna and ol. rici. given, with elix. paregoric. Free discharges from his bowels followed, with a gradual subsidence of all his symptoms of colic, except hiccupping, which lasted thirty-six hours. March 17. He is now safely recovered.

On the 19th of July last, I was called in consultation with Dr. Dickerson, in Adams, Jefferson Co., who was in attendance on Elisha Fuller, aged 63. The patient was seized, two days before, with violent pain in the abdomen, vomiting, and all the symptoms of colic. The doctor had pursued the usual treatment adopted in such cases, without giving relief. The patient had had a rupture on the right side for several years, which had not given him pain or much trouble. He had occasionally returned it into the abdomen himself. He never had worn a supporter or truss. At this attack of colic Dr. D. and the patient suspected the symptoms to originate from strangulation, as the rupture was down, and attempts were made to reduce it by taxis, without success.

On examining the patient, I found the abdomen tumid and tender to the touch, countenance sunken, constant retching and vomiting, tongue coated, with a large tumor in the right groin, well characterized as an omental femoral hernia. As the case had been rapidly progressing to a state of *articulo mortis*, I advised an immediate operation for relief. An incision was made over the tumor, in the usual manner, till the sac was opened, and a large portion of omentum exposed adhering firmly to the sac; it was indurated. This was separated with my finger from the sac,

and both brought forward, which exposed a small knuckle of intestine, strangulated at the neck of the sac quite on the under side, and much concealed from view. A probe-pointed bistoury was passed between the bowel and neck of the sac, and carried towards the pubis, making an opening sufficient to admit my finger, and the strictured portion of intestine replaced into the abdomen.

As a portion of the omentum had been separated from the sac, to trace out the difficulties that existed at its neck, it was thought advisable to remove it, though not in a morbid state. For this purpose a double suture was passed through it, the threads tied, and the outer portion, about three ounces, cut off with the knife. The remaining portion, with the threads brought out, was placed within the abdomen, the divided sac left where it was found, a deep suture placed through the external lips of the wound, and the whole supported with the T bandage. Enemas and mild cathartics soon produced evacuations from the bowels, and recovery of the patient.

I was recently called to visit Mrs. B., aged 47, in the town of Adams, who had been suffering for three days with symptoms of colic. Drs. Webb and Adams were in attendance. She had been troubled, some years previous to this attack, with a small lump, as she called it, over the left groin, and stated that the pain she now suffered commenced at that spot. The gentlemen, in their treatment, had attempted the reduction of this tumor; and I made efforts for the same purpose, but without producing any satisfactory results. The usual treatment for colic had likewise been used. By examination, the case was found well marked as inguinal hernia; and as no relief had been given by the usual mode of treatment, and no hopes entertained for relief without an operation, this was proposed and adopted.

The tissues over the tumor were divided in the usual manner, and a portion of peritoneal sac exposed; on the surface of which was a quantity of pus, which passed out with much stench. The sac was thicker than usual, and had lost its healthy color, and its outer portion sphacelated, and with my finger I easily opened it so as to examine its contents. A mortified portion of intestine was confined at the inner portion, where the sac formed a stricture round it, and this had participated in the process of gangrene. The mortified portion of intestine appeared to be the cæcum. A quantity of offensive gas and fecal matter was discharged at the opening, from the mortified and opened portion of intestine.

As the pulse were much depressed, the extremities cold, with much anxiety and restlessness, with tense abdomen and vomiting, but little hope of recovery was entertained. The opening and diseased parts were covered with a warm yeast cataplasm, stimulating enemas directed, and diffusible stimuli given; sling; warm water and wine; camomile tea; elix. paregoric, &c. Free discharges of gas and feces continued to be discharged at the opening, and a gradual change of symptoms, and recovery, followed, with a closing up of all the parts and natural action of the bowels. In four months after, there was an entire recovery.

Mrs. G., of Le Ray, was attacked with symptoms of colic, and was

attended by her family physician for three days, who persevered during the whole of this time in prescribing and using the usual remedies for colic. Not succeeding in giving relief, and investigating the case more closely, the patient described the pain as being in the left groin. This led to a particular examination; and a tumor was found, characterized as an inguinal hernia. It was large, of a dark color over its outer surface, and œdematous around its base, with thickening of integuments over the labia, and upper portion of the thigh, &c. In consultation, she was advised to apply a warm cataplasm and to take stimulants. In twelve hours after, the tumor burst open, and a quantity of pus, fecal matter, and mortified portions, passed out, which left a large cavity that exposed the abdominal muscles, or all the tissues which make up the walls of the abdomen at this point. Portions of the dead bowel, open and separated, were exposed near the neck of the sac, and that was likewise in a state of sphacelation.

Two days after, the mortified portions were removed with the knife, and the healthy parts brought near together and confined by adhesive straps. A discharge of fecal matter continued at the opening, with a subsidence of all the alarming symptoms. Treatment similar to that adopted in the last-mentioned case, and in a few days a portion of the feces passed through the rectum. The sides of the ulcer were brought in contact and supported by compresses and the T bandage, and an entire recovery followed.

In considering all the causes that produce death in hernia, it is important to remember that the portion of intestine, after having been strangulated or even confined in a sac, after liberation by taxis or an operation, may have its peristaltic motion, or function, suspended, and be attended with symptoms of colic.

In some fevers, in their last stages, tympanitic abdomen occurs, with hiccupping as one of the most alarming symptoms. Active medicine administered by the mouth, injections, and the use of the flexible tube, will often give relief. So in these cases of suspension of the functions of the bowels from the effects of incarceration, the same remedies may be successfully used.

I fully agree with Dr. Parrish, who, in his "Surgical Observations," says, that "in every case of colic, always suspect strangulated hernia, and in operating, always open the sac." And I would further add, if symptoms of strangulation continue after reduction by taxis, or severe symptoms of colic attend a person with a rupture, open and search out the difficulty.

There is no subject in surgery that requires more investigation, or more practical knowledge of all the difficulties to be met with, than hernia; and these few remarks are offered to those who may be engaged in these cases.

Watertown, N. Y., March 18th, 1844.

AMPUTATION OF THE LEG IN THE MESMERIC STATE.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time in the month of August, 1843, Mr. Luther Cary, of this city, called at my office, and expressed a desire for me to Mesmerize him—said if I could put him into a state of insensibility, he would have me amputate his right leg. His reasons for parting with so important and necessary a member were, that it had been entirely useless for the last fifteen years, caused by extensive caries of the bones of the leg and thigh, which commenced when he was eight years of age—the leg drawn up at a right angle with the thigh, and a complete ankylosis of the knee-joint. Although the ulceration had been healed for the last ten years, the leg was very sensitive, and troubled him much in cold weather. Mr. Cary's general health is good—is a man of strong bilious temperament, and very little impressibility. I told him that he would be a hard case to Mesmerize—that it would require many sittings to produce the desired state: but finally consented to try the experiment. After sitting with him thirty or forty times (several other Mesmerizers having tried him during the same time), I succeeded in producing a semi-Mesmeric state. About this time he appeared to have altered his mind concerning the amputation, and became quite sceptical as to Mesmerism, and quit coming to my office. I heard no more about the case until the latter part of last December, when Dr. Hosea Rich, of this city, called on me, and informed me that Mr. Cary had applied to him to amputate his leg; that, being aware that I had been consulted in the case, he declined having anything to do with it, until he had first seen me. He expressed a wish for me to go to Mr. Cary's house with him. I accordingly did, and after we had decided whereabouts to amputate, and the method of performing the operation, on Mr. Cary's asking if a dose of opium could not be given him sufficiently powerful to make him nearly insensible during the amputation, I told him that if he would come to my office and give me a fair chance, I would Mesmerize him so that his leg could be taken off without his knowing it. He at first appeared unwilling to lose so much time; but after being advised by Dr. Rich to try the experiment, he consented, although decidedly sceptical as to the result. I found him, as to his impressibility, much as he was before any attempt had been made to Mesmerize him. I, however, after sitting with him from thirty minutes to an hour almost daily for thirty consecutive days, succeeded in throwing him into the desired state for amputation, and Saturday, the 27th of January last, was the day fixed upon for the operation.

On that day, at 10 o'clock, A. M., those that were to be present at this interesting experiment, assembled at Mr. Cary's house, viz., Drs. Hosea Rich, John Mason, George B. Rich and Charles Snell; John S. Sayward, Esq., editor of the Bangor Daily Whig and Courier; John E. Godfrey, Esq., editor of the Bangor Daily Gazette; George W. Ladd, apothecary, and myself. On our arrival, we found Mr. Cary walking about the house. In his presence, the bed to lay him on after amputation, was prepared, the table fixed on which the operation was to be per-

formed, and the bandages and surgical instruments to be used laid out. At twenty minutes before 12 o'clock, our patient hopped on to the table, and I commenced Mesmerizing him, and at ten minutes past 12 he was in the Mesmeric state. He then said he would not have his leg amputated. I replied, it should be just as he said about it; if he did not want it done then, he might set the time when he would. He said, if I could get him thoroughly Mesmerized he would have it done at 4 o'clock that afternoon, and that I must send the other doctors away until that time. Dr. H. Rich, in the mean time, had commenced the operation. He at times was quite uneasy from apprehension that I would permit the operation to be performed at that time. He accused me of letting some one pinch his foot—at one time said he had the cramp in his knee—was very talkative during the whole operation, which was necessarily a very protracted and difficult one, owing to disorganization produced by previous disease. When the arteries were being taken up and the dressings applied, I excited Mirthfulness, and he laughed most merrily; on Tune being excited, he sang several tunes with much animation. The dressings being finished, he was placed in bed, just one hour and twenty minutes from the time he went on to the table. I now asked him how he felt. He answered, "first rate;" "but," said he, "Doctor, if I had not jawed you, I believe you would have let them cut my leg off." Mirthfulness and Tune were again excited, attended by the usual manifestations. After conversing with him some time longer, and all the company present being fully satisfied that he was still in the Mesmeric state, and had no idea that his leg was amputated, I restored him to his natural state by making a few reverse passes. On opening his eyes and looking round the room, he appeared somewhat surprised at seeing so many persons present, but in other respects perfectly natural, as though nothing unusual had happened, and did not at first have any idea that his leg was amputated—but after conversing with him a few minutes, he came to the conclusion that this was probably the case, from the fact that he was in bed, but not from any pain or smarting in the stump.

I am fully convinced that there was no physical suffering attending the operation, that the uneasiness manifested was the result of apprehension, and that, had he been Mesmerized without knowing the operation was to be performed at that time, he would have been perfectly quiet during the whole time. Some gentlemen present thought there might have been physical suffering, although the patient seemed to have forgotten it on being restored to the natural state. I contended, if that were the case, there would have been the smarting and pain, when restored to the natural state, usually experienced after such an operation. In order to test the matter more fully, on the fifth day after the operation, the time previously agreed upon for removing the first dressings, I went to Mr. Cary's house, and causing him to believe that we should not dress the stump before the next day, I proposed Mesmerizing him, to which he consented. I accordingly threw him into the Mesmeric state in a very few minutes. Drs. H. Rich, John Mason, and George B. Rich, having in the mean time arrived, agreeable to previous concert, were then called

in, and we proceeded to remove the bandages and dress the wound, which was done without his manifesting the least consciousness of what we were doing. The wound looked remarkably well. After the dressing was completed, and the above-named gentlemen having left the room, I restored him to his natural state. As soon as he opened his eyes, he asked me how long he had been asleep. I told him more than half an hour. He seemed much surprised, and said it did not appear to him more than two or three minutes. I remarked to him that I believed the other doctors had arrived and were in the other room, and if so we had time enough to dress his stump that afternoon. He replied, that if they had come and we should proceed to dress his stump, he would not be Mesmerized—he thought it would not hurt him much—that he could bear it, and that he wished to see how it looked himself. The other physicians now came into the room, and he remarked to them that he was glad they had come—that from what I had told him he did not expect them before the next day—he thought it was time the wound was dressed—felt afraid that it was not doing well—that it was discharging very freely. Dr. Rich said to him, “let us see how much it is running,” and lifted the bed clothes so as to expose the limb. Cary rose up to show us where it had run through the dressings on to the pillow on which it rested, and to his surprise could not see the evidence of its having discharged any, and thinking his vision might be in fault, brought his eyes nearer, when he discovered that every thing was clean about the stump. He raised his eyes with an inquiring look as if to ask an explanation. We all burst out laughing, and I never saw such perfect astonishment depicted on the countenance of any one before, as was to be seen in Cary’s. He at first appeared to be almost angry with me, and thought I had carried the joke a little too far; but as soon as he had time for reflection, was quite glad the job was over.

Mr. Cary’s recovery has been quite rapid, and he is now (Feb. 26th) about house in his usual good health.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the above-detailed statement of facts, accompanied with the following certificates, is deemed worthy a place in your valuable Journal, it is at your service.

Respectfully,

JOSIAH DEANE.

Bangor, Me., March 12th, 1844.

I hereby certify that I am the above-named Luther Cary, and that the communication made by Dr. Josiah Deane relative to my being Mesmerized, and my right leg amputated when in the Mesmeric state, is true, so far as I have knowledge of the facts. I would further certify, that I have not the least consciousness of physical suffering during the operation, nor the faintest recollection of anything that transpired after about five minutes from the time I went on to the table to be Mesmerized, until I found myself in bed, minus my right leg; and furthermore, when the first dressings were removed, all that I know about it is, that Dr. Deane Mesmerized me, and when he restored me to my natural state, to my great surprise, I found my stump had been dressed.

LUTHER CARY.

Bangor, February 27th, 1844.

I was present and performed the operation of amputating the right leg of the above-named Luther Cary, on the 27th of January last, whilst he was in the Mesmeric state, and I was likewise present and dressed his stump on the first day of February, when he was in a similar state, and take pleasure in certifying that all the statements relative to that interesting case, contained in the above communication by Dr. Josiah Deane, are strictly true, according to the best of my knowledge and belief.

Bangor, March 1, 1844.

H. RICH.

I was present when Dr. Rich amputated the leg of the above-named L. Cary, on the 27th of January last, and was likewise present at the dressing of the stump on the 1st of February last, and concur in certifying to the truth of the above communication.

J. MASON.

Bangor, March 1, 1844.

I was present and assisted my father, Dr. Hosea Rich, when he amputated the leg of Mr. Luther Cary on the 27th of January last, and likewise at the dressing of his stump on the 1st of February last, and most cordially concur in certifying to the truth of the above communication by Dr. Deane.

GEO. B. RICH.

Bangor, March 2d, 1844.

By invitation I was present at the taking off of Luther Cary's limb, and though I have never yet assented to all the claims of the friends of Mesmerism, I do believe, and cheerfully attest, that the history of that operation, written by Dr. Deane, is perfectly agreeable to truth.

Bangor, February 27th, 1844.

CHARLES SNELL.

I was present at the amputation of the leg of Mr. Luther Cary, as stated in the foregoing communication of Dr. Josiah Deane, and cheerfully state that, so far as my observation extended, the account given by him is strictly true.

JOHN S. SAYWARD.

Bangor, March 1, 1844.

I was present at the amputation mentioned in the above account by Dr. Deane, and certify that his statement respecting the same is correct, to the best of my knowledge and belief.

JOHN E. GODFREY.

Bangor, March 1, 1844.

I was present at the above-mentioned amputation, and concur in certifying to the truth of the communication by Dr. Josiah Deane concerning the same.

GEORGE W. LADD.

Bangor, March 1, 1844.

I hereby certify that the gentlemen whose names appear in the foregoing communication by Dr. Deane, have long been known to me as residents in this city, and as gentlemen of the first respectability in their several professions and callings.

BRADFORD HARLOW,

Bangor, March 11, 1844.

Mayor of the City of Bangor.

"THE GROWTH OF THE BEARD MEDICALLY CONSIDERED."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Under this head, there appeared in your excellent Journal of Nov. 1, 1843, an article with which I was much pleased; and as it was ex-

tensively copied into the newspapers of the day, I infer that it is a subject upon which the public are willing to hear more. I was in hopes that something more upon the same matter would follow in the Journal, from some of your able correspondents; for if the beard has a bearing upon the laws of health, the Journal, as devoted to the investigation of these laws, is the proper place for such discussion to begin. Those who make the human system their study—its physiology and pathology—are of course more competent to sit in judgment upon these different phases of existence than the world at large. But the medical man should be something more than the mere prescriber of drugs. He should lay bare the false, silly and pernicious customs which are antagonist to health; and I am happy to remark that the Journal has “done the State some service” in this line. It is these labors which give the Journal its greatest value in my eyes; for moral health, as well as physical, is benefited thereby. The fact, that in the creation of man, the Almighty in his perfect work, for wise purposes, planted a beard upon his face—making it a law of his physical being—should make us pause before we lay the razor to its roots, and cut it down as a tree of evil fruit. What glaring incongruity in those who condemn the beard as a needless and damnable appendage, yet reverence, as the word of God, the Levitical Law, which is quite as explicit in forbidding the shaving of the beard—except in cases of disease—as in the command to remember the Sabbath day and keep it holy.

For my own part, I do not think that man has improved the work of Omniscience in personal appearance or physical well-being, by emasculating his face with a razor. Your correspondent has shown that diseases of the throat, in many cases, are directly traceable to the shaving of the beard. My experience corroborates his statement—having worn, for the last half dozen years, neither stock nor other neck bandage, but in lieu thereof much of the beard, and have escaped affections of the throat; whereas, before taking this course, I was much subject to them. Physiologically, then, it would appear that man has not only not improved the work of his Maker, but for his presumption has not in this respect, more than in others, escaped the penalty of a violated law of his being.

The wearing of the beard, or its extinction, in past ages, is but a transcript of the fashion of those ages. The long flowing beards and the woman-faced men have frequently alternated in the different ages of the world; and beards seem now to be coming into favor again. The Bible and Nature are certainly on the side of beards, however much effeminacy may proscribe them. Christ is never seen in portrait with a beardless chin. A scrap of history particularizes his hair and his beard; and Tertullian, an early Christian Father, declares the shaving of the beard to be “blasphemy against the face.”

The Pilgrim Fathers, as represented standing upon Plymouth Rock, are bearded men. Governor Winthrop is a bearded man of his day; but before the opening of the 18th century beards appear to have become nearly or quite extinct. A portion of the aristocracy of South Carolina are in the habit of wearing their beards, but for the last one hundred and fifty years woman-faced men in this country and in much of Europe, have

been in the ascendant. In these portions of the world, the bondage of the beard to the dictatorship of an effeminate fashion, has been complete ; but the day will come when it will again come forth, "redeemed, regenerated and disenthralled."

An English Magazine of much eminence has some very excellent remarks upon the propriety of shaving or letting the beard grow, besides an historical disquisition upon the same. The summing up of the writer, without any reference to the medical bearings of the beard, is that "it may be said that the law of this matter should be for every man to shave or not to shave, as his age, circumstances, pursuits and inclinations, might render the most convenient."

I will make an extract from this writer, and I should like to quote him more largely were it not presuming too much upon the pages of the Journal. He says :—

"On the side of beards, it has been argued that nature must have bestowed such an appendage for the purpose of being worn ; and that, as Tertullian affirmed, it is blasphemy against the face to reject it. It is certain, also, that a well-kept beard adds greatly to dignity of appearance, and finely sets off the other parts of the countenance, and in particular gives great expression to the eyes. A comparison of bearded and beardless portraits is generally much to the advantage of the former. It is difficult to suppose that Leonardo da Vinca, or Cardinal Bembo, or Cranmer, or the Shah of Persia, would look so well without their beards ; and in Turkey, it is impossible to compare the men who have been shaven, and otherwise Europeanized, with the bearded civilians in their flowing robes, without that the former are, to use an Oriental simile, 'plucked pigeons' in comparison. We have heard much of the dignified and stately appearance of the Turks, but such a comparison enables us to perceive that most of their dignity is in their beards and their dresses. Then we must take into the account the trouble of shaving, which made Seume, a German writer, say in his 'Journal'—'To-day I threw my powder apparatus out of the window. When will come the blessed day when I shall send the shaving apparatus after it!'"

I will close with a quotation from "Walker on Beauty." In speaking of shaving the beard, he says, it "has especially been the case in degenerate and effeminate times ; and this has sometimes been accompanied by remarkable consequences.

"One of the greatest misfortunes, says a French writer, which France ever had to lament, the divorce of Louis le Jeune from Elinor of Guyenne, resulted from the fashion, which this prince wished to introduce, of shaving his chin and cropping his head. The queen, his wife, who appears to have possessed, with a masculine beauty, considerable acuteness of intellect, observed, with some displeasure, that she imagined herself to have espoused a monarch, not a monk. The obstinacy of Louis in shaving himself, and the horror conceived by Elinor at the sight of a beardless chin, occasioned France the loss of those fine provinces which constituted the dowry of this princess ; and which, devolving to England by a second marriage, became the source of wars which desolated France during four hundred years.

"The habit of wearing the beard is a manly and noble one. Nature made it distinctive of the male and female; and its abandonment has commonly been accompanied not only by periods of general effeminacy, but even by the decline and fall of States. They were bearded Romans who conquered the then beardless Greeks; they were bearded Goths who vanquished the then beardless Romans; and they are bearded Tartars who now promise once more to inundate the regions occupied by the shaven and effeminate people of western Europe. Those, assuredly, blunder, who ridicule the wearing of the beard. Silly affectation, on the contrary, is imputable only to those who, by removing the beard, take the trouble so far to emasculate themselves! and who think themselves beautified by an unnatural imitation of the smoother face of woman!"

March 25, 1844.

P. B. C.

CARCINOMATOUS TUMORS OF THE STOMACH AND LIVER.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, on the 12th of November last, to prescribe for Mrs. D. C. (Dr. Herrick, my partner, who had previously had the charge of her, being absent), who supposed herself suffering from dyspepsia. I obtained from her the following history of her disease. She had been subject to attacks of dyspepsia from childhood, which increased in frequency and severity, until, at 30, she was constantly an invalid. She had used, from time to time, many of the pretended specifics for that disease, but without experiencing other than a temporary alleviation of the worst symptoms; trusting finally to stimulant tonics and an occasional mild cathartic, and becoming gradually weaker and more emaciated until I saw her. I found her with a skin dry and yellow; conjunctiva clear; some pain in the head; tongue smooth, moist, and rather light colored; severe lancinating pain through the chest and under both scapulæ; dull, heavy pain, with some fulness and tenderness in the epigastrium; bowels constipated; no pain, tenderness or enlargement over the liver; no appetite; pulse 80 to 85. She continued much in this state, with occasional vomiting, until Dec. 4th, when she ejected from the stomach, with a slight effort, eight or ten ounces of a mixture of blood, bile, and a small quantity of pus, that gave off a strong putrescent odor. This was repeated two or three times in twenty-four hours, for three days. About this time we discovered a firm, spherical tumor in the left epigastric region, its situation changing, at different periods, from two inches to the left and one above the umbilicus, to directly under the union of the twelfth rib with its cartilage. From the 10th of December she experienced but little if any severe pain; the vomiting had abated; tongue red and dry; bowels still inactive; very weak and much emaciated; pulse 95 to 100. January 1st, she was seized with excruciating spasmodic pain, beginning in the tumor, over the whole body, which continued, with few remissions, until she died, January 3d.

A *post-mortem* examination revealed a disease of the digestive organs

as follows :—There was no perceptible enlargement over any of the viscera to be seen externally. The lungs and heart were normal. Pericardium contained two ounces of serum. The liver firmly adhered to the diaphragm, while upon the left side, anteriorly, were three hard, lobulated, light-colored tumors, from a half to an inch in diameter; and on the right a dark-brown spot, extending two and a half to three inches, and puckered like a recent cicatrix. Upon dissecting off the serous covering, we came upon a softened medullary tumor, occupying at least one half of the lobe. The gall-bladder was natural, and half filled with a dark-green bile. The stomach was somewhat contracted, its bloodvessels distended, and the mucous coat throughout much thickened; while in the *cul-de-sac* of the splenic portion was a lobulated mass, two and a half by three inches in diameter and six to eighteen lines in thickness, of a dark-red color at the edges, and a brown with green tinge and softened in the centre; the interior exhibited a similar appearance to those upon the liver. Some inflamed mucous patches were found along both the large and small intestines. The head was not examined. Other organs healthy.

It is worthy of notice, perhaps, that the vomiting of the bloody, offensive liquid, ceased at once after the administration of the creosote, which was continued as freely as the patient could bear, with a marked diminution of the pain.

Could any treatment, at any period of this disease, have arrested its progress, or prolonged for any considerable time the life of the patient? And could it have been diagnosticated accurately during life?

Hillsborough, Ill., March, 1844.

A. SUMNER HASKELL.

EXPERIMENTS IN MEDICINE.

From Dr. O. W. Holmes's Address before the Boylston Med. Society.

In a recent work of fiction, read by unprecedented numbers in both hemispheres, the author has held up the medical profession, in the person of an imaginary physician of a Parisian hospital, to the observation of the world at large. The character of Dr. Griffon, as delineated in the *Mysteries of Paris*, is an indictment of the scientific physician at the bar of the novel-reading public. I will not stop to criticize the work in which it is found. Many of you are familiar with its brilliancy of invention, and variety of incident, its charming impossibilities, and the talking machinery which plays the parts of its different characters. In this book, which is a poem founded on the well known work of Parent Duchatelet, where bursts of enthusiastic morality are succeeded by the inflammatory love-songs of a posturing Creole, and projects of reforming society are skipped by impatient adolescents that they may read the chapter devoted to the description of erotic mania, accusations are brought forward that sooner or later many of you will be destined to hear reëchoed.

The first charge is founded on an absurd misrepresentation of the mode sometimes adopted in hospitals or elsewhere to determine the true relative value of different modes of treatment. You take a hundred patients,

says M. Eugene Sue, try one experiment upon them, and see how many die ; then take another hundred, and try another experiment, and see how many die under that treatment. This *argumentum ad invidiam* may hereafter serve a mob as the pretext for tearing down a hospital. But is it not clear that more than one mode of treatment, in some diseases, has a positive claim to trial ? This is so manifest that, ten to one, the very declaimer against trying experiments is clamorous that some notion or other he has taken up should have a fair trial ; that is, should be experimented with on human beings. The true question for the jury is not, "Do hospital or other physicians try experiments?" for, strictly speaking, every administration of a remedy is an experiment—but, "Do they study diligently the claims of all new and old methods, and do they know how to select those which offer the best chance of proving useful?" Either the best mode of treating a disease is positively ascertained or not. If it is ascertained, no man would think of employing a method known to be a comparatively bad one. If it is a question between two or more methods of treatment which is best, and if there is abundant and satisfactory proof that *both are good and safe*, how absurd to say that the physician is not authorized to try more than one ! Which one shall it be ? Who shall dictate ? What can decide between them but a competent trial ? Why have a medical profession, except to know, first, what remedies are always certain, and secondly, and ten times oftener, what are most deserving of trial where certainty does not exist ?

It is clear in the next place, that if the physician has a right to try a given mode of treatment *once*, which will generally decide nothing at all, he has a right to try it *repeatedly* ; perhaps ten times, perhaps a hundred, according to circumstances. It is as clear that he is perfectly justified in counting the days, weeks or months that each case may have lasted, the number of times this or that symptom appeared, the proportion of cases that recovered or terminated fatally.

The dealers in the rag fair of light literature have taken a great fancy, of late, to airing their philanthropy and morality. Everything must come successively into fashion, even the virtues ; but when a former "elegant voluptuary" undertakes to reform abuses, we have a right to regret that he did not give the time to learning the facts concerning these supposed abuses, which he wasted on his banquets and his odalisques. Dr. Griffon may very probably stand for the founder of the numerical system. It is true that Louis, after having employed the more ordinary treatment of fever for some years, and learned its general degree of success, determined to make trial of another method, and that not in one or two cases only, but in a sufficient number to furnish some term of comparison with his former method. Here is one of those heartless experiments that M. Sue holds up to the horror of his slipshod thousands of readers. But what was this method that Louis thus ventured to subject to trial ? It was the plan proposed and followed for many years by M. Laroque, a physician in a French hospital ; and which had acquired a reputation, seemingly not without foundation, of being attended with a truly remarkable degree of success.

Hard times for the physician of the nineteenth century! The philanthropist at his right ear brands him as a murderous bigot, if he will not try a new and vaunted method, and the philanthropist at his left ear calls him an experimenting homicide, if he tries it in the only way that can lead to any definite conclusion as to its value.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 10, 1844.

Mechanical Cure of Diseases.—A small treatise, from the pen of Dr. E. P. Banning, entitled "Popular Lectures on the Mechanical Nature and Physical Cure of Chronic Diseases of the Trunk," has been recently published in this city. On Friday evening, the 29th of March, the author invited the members of the medical profession of Boston to a lecture at the Tremont Temple, in order to hear an explanation of his peculiar views in regard to the mechanical origin of very many diseases. We were among the number present, and it is only necessary to observe that Dr. Banning exhibited a familiarity with anatomy and the laws of physiology, and very ingeniously accounted for a host of maladies which have ordinarily been referred to other causes. According to his theory, since a mechanical displacement of some of the abdominal organs produces a specific disease, a mechanical remedy is the true method of restoring the organic machinery to its original condition. To effect an object so desirable, he applies a spino-abdominal supporter to the base of the pyramid, which is so constructed that it lifts upward and inward, and thus the muscles in front, already relaxed and put upon an unnatural stretch, recover their pristine tension, ultimately, and the patient is restored.

This is but a faint outline of a subject to which Dr. Banning appears to have given long and devoted attention.

Jefferson Medical College.—No medical institution has a better reputation than the Jefferson. The classes which are congregated there from year to year, are evidences of an extensive influence, and an elevated character. At the late Commencement, the following gentlemen were admitted to the degree of Doctor of Medicine:

G. W. Allen, N. Jersey; B. A. Allison, Ia.; J. R. Anderson, Pa.; W. L. Antony, Ala.; E. J. Baily, Pa.; W. Baily, Pa.; S. G. Bailey, N. Y.; J. S. Bayn, Va.; J. M. Barclay, Va.; J. W. Barcroft, N. J.; P. G. Ber-tolette, Pa.; S. W. Blanchard, Me.; C. H. Bressler, Pa.; S. S. Brooks, Mass.; G. W. Brown, Pa.; T. J. Buffington, Va.; N. Burr, N. J.; W. H. Burr, Pa.; R. S. Callaway, Ga.; A. B. Campbell, Pa.; J. S. Carpenter, Pa.; H. T. Child, Pa.; C. J. Clark, M.D., Ala.; J. P. Colgan, Del.; J. Conrad, Pa.; J. Cox, Pa.; E. Cronin, Jr., Pa.; A. S. Cummings, Pa.; P. W. Dawson, Tenn.; S. S. Dana, N. H.; E. G. Desnoyers, Mich.;

G. Z. Dimock, Pa.; T. W. Drake, Pa.; W. W. Durham, Ga.; S. Emanuel, Miss.; W. P. Esrey, Pa.; S. F. Fiesler, N. J.; T. Fitch, N. Y.; J. D. Ford, N. H.; W. Furse, S. C.; J. B. Gilman, N. J.; Z. B. J. Griffing, Miss.; J. Haines, Pa.; W. H. Hanly, Pa.; E. M. Hardcastle, Md.; J. M. Harlow, Mass.; S. Harris, Va.; A. Harshberger, Pa.; J. H. Haskell, Mass.; L. W. Hayes, Del.; R. B. Haywood, N. C.; D. Henderson, Pa.; J. S. Hill, Pa.; W. T. Howard, Va.; J. R. Hoskins, Pa.; J. Hannon, Pa.; S. B. Irwin, Pa.; H. C. Johnes, O.; W. R. Johnston, Vir.; S. Keneagy, Pa.; H. H. King, Ga.; J. S. Kuhn, O.; P. H. Lang, Pa.; A. Martin, Ky.; J. Martin, Pa.; J. D. Maxwell, Ia.; J. F. Miller, Ala.; G. H. Mitchell, N. C.; J. E. Moore, Va.; J. Moyer, Pa.; J. M. McClure, Pa.; D. L. F. Oatman, Pa.; A. V. B. Orr, Pa.; T. J. Owen, Va.; E. Parrish, Pa.; W. B. Paxton, Va.; A. Pearson, Pa.; R. A. Phelps, Va.; W. A. Piper, Pa.; F. B. Poley, Pa.; T. B. Powell, N. C.; W. T. Prentis, Va.; J. R. Quinan, Pa.; N. W. Riddle, Ga.; J. Risley, N. J.; F. Robie, Me.; W. W. Rodman, Conn.; F. Scammon, Me.; B. W. Seabrook, S. C.; E. W. Southwick, Me.; J. S. Spriggs, Pa.; G. K. Smith, Pa.; J. Steuart, Pa.; W. P. Sunderland, Ia.; J. P. Tabb, Va.; W. W. Townsend, Pa.; G. H. Thornhill, Miss.; D. A. Ulrich, Pa.; W. Upshaw, Va.; B. J. F. Von Bretton, St. Thomas, W. I.; M. Wallace, Va.; T. E. Waller, Pa.; C. S. Weever, Ia.; A. Wilcocks, Pa.; S. E. Wills, Va.; A. Winder, Pa.; J. D. White, Pa.; A. D. Woodruff, N. J.; W. E. Wood, N. C.; W. J. Woods, S. C.; G. S. Woolman, N. J.; R. N. Wright, Md.; J. L. Ziegler, Pa.; S. M. Zulick, Pa.

Azariah S. Shipman, M.D., of New York, was admitted *ad eundem*, and the Honorary Degree of Doctor of Medicine was conferred on Dr. Isaac Winters and Dr. C. Marsh, of Pennsylvania.

The Valedictory Address was delivered by Professor Thomas D. Mutter.

Pennsylvania College.—By request of the class, an address, delivered by Dr. Henry S. Patterson, of the chair of *Materia Medica*, in this institution, has been published. It was on the occasion of the graduation of those who had sustained themselves in an examination for a degree in medicine. It is a sensible production, without pretension, and yet far superior to many public discourses that are sent abroad into the world with a flourish of trumpets. Medical literature should neither be distinguished for its austerity of manner, nor poverty of thought. Enough of the agreeable to convince the reader that science has not the forbidding aspect that some may have imagined, and especially that it is not incompatible with the usages of the craft to incorporate the principles of common sense with the elements of professional knowledge, will give a permanent value to this class of writings in our country. We are much obliged to Dr. Patterson for his able contribution to the accumulating archives of national medical literature.

On Monday, March 4th, 1844, the degree of Doctor of Medicine was conferred on the following gentlemen, pupils of the Institution, at Philadelphia:—Amos E. Griffiths, Penn.; Whiting S. Griswold, New York; Alfred Peironnet, Penn.; Benjamin A. Sellers, N. Carolina; Reuben H. Smith, Penn.; Francois M. J. Surault, N. Jersey; Columbus Witherow, Penn.

Pulse of the Insane.—Dr. Woodward, of the Worcester Lunatic Hospital, continues his investigations on this important subject. In a recent letter, he says—"In the course of the last month I examined the pulse of 54 *dull and demented cases of insanity*, of which 26 were males and 28 females. The males averaged 68 5-6; the females, 69 1-8. Together, the average is about 69 a minute. In some cases reduced to extreme mental and bodily imbecility by the "secret vice," the pulse were found as low as 60, in persons of the age of twenty, and even younger. This slow pulse is usually attended with cold and purple extremities, deficient action of the capillary vessels, muscular weakness and general prostration of strength; the pulse is often extremely *weak* as well as *slow*."

"The pulse of the insane, as found in the institutions, will not vary essentially from persons in health in the average. The *excited* will be found to have frequent pulse when under their excitements, but not always so when quiet. Other classes, unless laboring under organic diseases which affect the pulse, will rarely be found with a pulse more frequent than in health."

State Prison Practice.—Dr. Dimon, Physician of the Sing Sing Prison, N. Y., has made a report, of which the following is a synopsis, in regard to the rate of mortality. It is stated, on pretty good authority, that nearly half the deaths in these institutions of moral correction, are by diseases of the lungs.—He states that the number of deaths in the prison has been somewhat diminished by pardons, and gives the number of pardons for ten years as follows: 1834, 49; 1835, 54; 1836, 45; 1837, 35; 1838, 57; 1839, 14; 1840, 33; 1841, 35; 1842, 38; 1843, 38.

"As," says Dr. D., "it has long been a principle upon which pardons have been granted, viz. that they were necessary to save life, it is safe to presume, in the absence of actual information, that an equal proportion of the above pardons have been yearly granted for such reason. The past year, the number of pardons granted for this reason has been 12. Of these, I have ascertained that six have perfectly recovered, and that one has died; and I have no doubt that two more are not or would not have been living at this date, if they had remained in prison. If, then, the present year is a fair guide in this matter, there should be added to the yearly report of deaths two or three, if it is desired to compare the mortality in this prison with that of others, for the purpose of ascertaining the safest mode of confinement for the health of prisoners."

Smallpox in Kentucky.—So much alarmed were the members of the Legislature, at Frankfort, the capital, when last heard from, that active sanitary measures were proposed, to prevent the disease from extending so as to interrupt the public business. But the true and only method, vaccination, seemed to form no essential part of the plan proposed for protecting the members. Any other scheme would be perfectly useless, and quite as bad as doing nothing.

Bureau of Medicine and Surgery.—Dr. Harris, of Philadelphia, has been appointed to the Bureau, in the place of Dr. Barton, removed. It is presumed that he already belongs to the naval medical service, as it is understood that no other than a naval surgeon is eligible to the office.

Tracheotomy.—Dr. Trowbridge, of Watertown, N. Y., who has a valuable article on hernia in to-day's Journal, has lately performed his ninth operation of tracheotomy for the removal of foreign bodies from the trachea, and all the operations have proved successful.

The McLean Asylum for the Insane.—The following particulars are copied from Dr. Bell's last annual report. During the year just closed, there have been under the care of the institution 260 patients, 133 of whom were males and 127 were females. One hundred and twenty-seven of these, 75 males and 52 females, were received during the year; the remaining 81 males and 50 females, were inmates at the commencement of the year.

During the same period there have been dismissed 79 males and 47 females, making a total of 126; of these, 63, being 43 males and 20 females, were believed by us and their friends to have recovered.

Twenty-four males and 21 females have been removed by their friends in accordance with their own views of expediency, after various periods of residence from some years to a single day, some much improved and apparently convalescent, others probably curable but after an insufficient trial, others improved in the form of disease and in general health, others ameliorated in manners and habits with no essential mental change, others stationary and with no prospect of relief, and some from various considerations, such as being merely cases of febrile delirium or the like, deemed as unfit for the designs of an asylum for the insane.

Eighteen, 12 males and 6 females, have deceased; 9 from epilepsy and palsy, usually the sequel of apoplectic attacks previous to admission; 1 from carious knee-joint; 1, as believed, from scirrhus stomach; 1 from phthisis; 3 from acute cerebral disease; and 3 from the exhaustion peculiar to the insane, occasionally reported as marasmus, debility, failure of the powers of life, &c.

There are remaining at this present close of the year, 134 patients, 80 males and 54 females.

Columbian College, Washington.—Charles G. Page, A.M., M.D., has been appointed Professor of Chemistry in the Medical College of Washington city, in the place of Mr. Hallowell, who has resigned on account of the inconvenience attending his distant residence.

Neurology.—To THE EDITOR.—SIR,—A friend just pointed out in your last No. the following passage, which claims a passing notice. Speaking of Neurology, your correspondent Alpha remarks—"It may be well, perhaps, to remind our author that the founder of the theory he is so anxious to bolster up, had a fair and full opportunity to demonstrate his doctrines before a committee of the American Academy appointed for the purpose, and after long and tedious endeavors at successive meetings, failed utterly and entirely in every point."

The amiable and disinterested Alpha may perhaps have supposed this assertion true, but as it is very far from being correct in its most essential particulars, you will please allow me to correct the error. No "fair and full opportunity" has ever been given for the demonstration of the prin-

ciples of Neurology, without producing very satisfactory results. The committee of the Academy did not go through anything which could be called an investigation of Neurology. They adopted an absurd course of procedure, which wearied their own patience, and before a single fair experiment had been made, eagerly dropped a subject which they approached with apparent reluctance and aversion. The adversaries of improvement can gain no credit by referring to this circumstance. I do not seek unnecessary controversy, but I cannot suffer improper remarks to be made on this subject, without doing justice to the truth, whoever may be the parties concerned. *Verbum sap.*

I have not resorted to the arts of popular imposition and temporary excitement. I have publicly asserted and finally demonstrated discoveries which are more important to the human race than any which have yet been made. I have sought and challenged the scrutiny of the great and learned, and still hold myself ready to give ample satisfaction to all candid minds. If there are any who will not, or who dare not, seek the truth, let the responsibility rest upon them. There are those who are not averse to enriching their minds with the vast array of facts which have been made accessible by my discovery of the excitability of the brain. Knowing that the steady and unwavering progress of Neurology must in a few years give it a firm establishment, I do not think it necessary, while I challenge scrutiny, to thrust the subject upon those who prefer to wait until the voice of the majority has been heard.

JOS. R. BUCHANAN.

Medical Miscellany.—A lady in Henry county recently had two daughters and a son at one birth.—Preparations for a lunatic asylum are making in Providence, R. I. The late N. Brown, Esq., left \$30,000 for that purpose. Cyrus Butler, Esq., of Providence, has subscribed \$40,000—to be paid in case \$40,000 more is subscribed.—Mr. G. War-ton, a native of London, died in Halifax at the great age of 115.—Dr. March, of Albany, removed the eye of a little girl, the other day, in consequence of its extensively-diseased condition.—A Mrs. Barger, of Maryland, about eight months ago had three children at one birth—and recently, was brought to bed again with four more!—A giant nearly eight feet high and a giantess nearly seven, and a dwarf about twenty-three inches tall, all arrived at New York week before last, from England, for exhibition in the States.—Dr. James C. Palmer has been appointed a surgeon in the Navy—the commission to be dated from October 27, 1841.—John Stufflebean recently died near Kaskaskia, at the great age of 110 years. He never used spectacles, had a physician, or took a dose of medicine till his last and almost only sickness.—The value of the beef cattle, sheep, calves and swine slaughtered for the Boston, New York, Philadelphia and Baltimore markets, in 1843, was \$6,276,000.

DIED.—At West Newbury, Isaac Boyd, M.D., 44.—At Point Comfort, Virg., Dr. Edward Macomb, U. S. Army, 42.—At Nashville, Tenn., Dr. Wm. McNeil, a native of Boston.

Number of deaths in Boston for the week ending April 6, 28.—Males 14; Females, 14. Stillborn, 6.

Of consumption, 3—measles, 3—infantile, 4—scarlet fever, 3—marasmus, 1—croup, 2—decline, 1—scrofula, 1—fits, 1—rheumatic, 1—child-bed, 1—rheumatic fever, 1—apoplexy, 1—inflammation of the brain, 1—debility, 2—inflammation of the bowels, 1—pleurisy, 1.

Under 5 years, 12—between 5 and 20 years, 4—between 20 and 60 years, 8—over 60 years, 4.

Probable Duration of Life.—The probable duration of life—the *Vie probable* of the French—is seen at once by inspecting the table [in the annual report]; it is the time in which the number born is reduced one half; in the English table, 45½ years. It is probable, or, in Halley's words, "an even wager," that a child will live 45½ years; for the 100,000 are reduced to 50,301—nearly half their number—by the age 45; there is therefore nearly an equal number of chances (50,000) in favor of living to and of dying before the age 45½. The *probable* life of a boy is 44, of a girl 47 years. How long is it probable that a woman aged 25 will live? The "living" against 25 in the table is 31,337, the half of which is 15,668, a number attained at the age 66; 41 years therefore is the *probable* duration of her life. What is the "probable life" of a man at the age of 60? The number against the age is 18,808; and the half of 18,808 is 9,404, to which the 18,801 are reduced at the age 73; at 60 therefore it is *probable* that a man will live 13 years.

Suppose it were desired to ascertain the influence of factory labor, or any other employment—of residence in a school or city; the first point to be determined would be the average probability of life according to the English Life Table; say that the children enter at 10 years of age, then as in the Table, 70,612 is against the age and 68,627 against the age 15, the average probability of living five years is 68627-70612, and the degree in which this probability is diminished or increased measures exactly the influence of the circumstances in which the children are placed.

Upon adding up the column of "living," the sum of the numbers will be found to amount to 4,165,890; subtract half 100,000 from this, and 4,115,890, the number of the years which the 100,000 persons live, will be obtained. Divide the years of life, 4,115,890, by 100,000, and the quotient, 41.16, will be the mean age. This is called the *Expectation of Life*—*Vie Moyenne* of *Deparcieux*; for males it is 40 years, females 42 years, and for both sexes 41 years. By repeating the process the expectation of life at each year of age is obtained; at five years it is 50 years; at ten 47; at twenty 40; at thirty 34; at forty 27; at fifty 21; at sixty 14, &c. &c. The average age at which persons aged 30 will die is 64 years, and 74 is the average age at which sexagenarians will die.—*From the Registrar-General's Report.*

Extemporaneous Vesicant. By Dr. BARCQ.—Into a flat glass, pour from 8 to 10 drops of very concentrated ammonia; cover the liquid with a large piece of linen on a rather less diameter than that of the glass, and slowly apply this little apparatus to the previously shaved skin. Keep the whole in its place by means of moderate pressure with the fingers.

As soon as a red ring, about 2 centimetres in breadth, is observed round the glass, it is certain that vesication is effected. Sometimes scarcely 30 seconds are necessary for obtaining this result. It remains only to remove the apparatus, to wash the part, and to tear away with a pair of nippers the epidermis, which comes off easily and in one piece.

The dressing is according to the object in view—to the indications of the endermic method, for example.—*Bulletin de Thérapeutique*; and *The Chemist*.

New Books in London.—Just published, *Diseases of the Lungs from Mechanical Causes*. By G. Calvert Holland, M.D.—*Lectures on the Theory and Practice of Midwifery*. By Robert Lee, M.D. F.R.S.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, APRIL 17, 1844.

No. 11.

PROPHYLACTIC EFFICACY OF BELLADONNA IN SCARLATINA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following essay was prepared several months ago, and read before a small association of medical gentlemen—not expecting it would ever appear before the public. But being informed of the terrible ravages which this formidable epidemic is now making in some of the neighboring towns, I deemed it a duty to present a few facts, not altogether *new* or *unknown*, but which may have been forgotten or unappreciated, and which may be rendered available in arresting the progress of this fearful malady. All the originality which I claim in this production, consists in the careful collation of *facts*. As the subject of this communication is still a matter for adjudication, I thought it proper to present as great an amount of testimony as I could conveniently condense in so brief a space. If you deem it worthy of an insertion in your valuable Journal, you will undoubtedly confer a favor upon that portion of the medical fraternity who may not be in possession of these facts.

Monument, Mass., Feb. 23, 1844.

Respectfully,

JOHN BACHELDER.

History.—The employment of belladonna, as a security against the contagion of scarlatina, was first suggested and practised by Hahnemann, of Leipsic, Germany—the founder of the homœopathic doctrine. He first published his views upon the subject in 1801. For a period of nineteen years subsequent, no medical writer appeared either *for* or *against* the practice; during which time, Hahnemann was nearly or quite its sole defender. In 1820, Dr. Dusterburg, a German, was the next to call the public attention to this subject.* From this period it has occupied the attention of many of the most eminent physicians of Germany, who have made trial with the belladonna.† Of these, the distinguished Professor Hufeland, in a work “On the Preservative Virtue of Belladonna against Scarlatina,” published at Berlin, in 1826, has collected thirty reports from as many German physicians; all of whom have given their testimony in favor of the preservative agency of belladonna against scarlatina.‡

* Good's Study of Medicine, Vol. III., p. 20—Cooper's edition. Maclure's Paper. Medical Intelligencer, Vol. I., p. 386.

† Dr. Thiebaud, in Journal of Medicine of La Loire Inferieure.

‡ Hufeland, in Gazette de Sante, Mars, 1826.

In *France*, it received but little attention until 1835. At this time the editor of the French journal, "*Bulletin Général de Therapeutique*,"* tested the belladonna by many trials; the result of which was, he believed it to be possessed of the virtue attributed to it by the German physicians. At the same time, twenty-five German physicians were engaged in making similar experiments. A more particular notice of these experiments will be presented.

In *Great Britain*, no trials were made with the belladonna until 1833, when Maclure, late President of the Harveian Society, read before that Association an able paper, in which he detailed the result of his observations. Previous to this date, the subject was noticed by only *two* British writers—Mr. Samuel Cooper, in his edition of "*Good's Study of Medicine*," and Professor Thomson, in his "*Elements of Materia Medica*."† The paper of Maclure was advocated by the late Sir David Barry, Professor A. T. Thomson, Dr. Theophilus Thomson, and several others of equal eminence, who took part in the discussion.

In the *United States*, it has recently engaged the attention of several medical gentlemen, among whom are Professor Dunglison, and other distinguished medical authors. They report that their success fully equalled their anticipation, and recommend it as eminently worthy of a trial.‡

Testimony in favor of the Prophylactic Efficacy of Belladonna in Scarlatina.—The number of children treated with belladonna in Germany, who have been reported up to the year 1837, is 2027; of whom only 79 contracted the disease at all. Hufeland and Schenk, two among the most eminent German physicians, gave it to 515 subjects, of whom only 3 contracted the disease. Cumper had 2 cases only out of 84; Berndt, 14 of 195; Behr, 6 of 47; Velsin, 13 of 247. The cases of Murbeck and Dusterburg are not mentioned. All of these experiments were made in the midst of more or less violent epidemics. Murbeck used the belladonna constantly for seven years, always with the best success, without a single instance of exception. Dr. Dusterburg, of Warburg, experienced such uninterrupted success with it during three consecutive epidemics, that he considered its prophylactic efficacy equal to vaccine virus in smallpox. As an example of the observations by which he came to this conclusion, I will notice one circumstance. During an epidemic he selected, out of each family under treatment, one child, to whom belladonna was not given. All the children thus excepted were affected by the contagion. Dr. Velsin, of Clives, states, that out of 247 persons to whom he administered the belladonna, only 13 contracted the disease, viz.—4 children who used it for several weeks irregularly, 1 child who took it 14 days, another 8 days, and 7 only 48 hours. He also mentions a father, who was with his sick child only a few minutes, and contracted a severe form of the disease; while all the other members of the family, consisting of his wife and several children, from four years to three weeks of age, and under the most favorable circumstances for be-

* Juin 30, 1837.

† Maclure's Paper.

‡ Medical Intelligencer, Vol. I., p. 386.

coming affected by the contagion, by the use of belladonna escaped; although they were with the patient day and night, in a small, ill-ventilated apartment. His final conclusions are—1st. Belladonna is a preservative against scarlatina, in a great majority of cases. 2d. The disease is milder in those who have used it. 3d. When administered in doses pointed out, it is not attended with danger.* Dr. Dusterburg testifies, that no children to whom he gave this medicine a week were attacked by the disease, though constantly exposed. He also affirms, that every child, who was exposed to the contagion, under his observation, and who did not take belladonna, was attacked by the disease.† Dr. Wagner, in the "*Journal des Progrès Sciences Médicales*," Vol. I., p. 242, states, that during an epidemic, of those who took belladonna he lost only 1 in 70; of those who did not take the medicine, he lost 1 in 3. He says, farther, whole villages in Germany were preserved from the disease, by taking belladonna, while it was raging around them. Dr. Randhaken, Physician to the Orphan Hospital of Langendorf, saved 160 children, who were exposed to the contagion.‡ Dr. Berndt, of Custrim, states, that out of 195 cases of children who took belladonna, only 14 were infected. All were freely exposed to the contagion. And, afterwards, when he used a stronger preparation, all escaped; while all connected with families, where the disease existed, who did not use the belladonna, were attacked. Koreff, of Berlin, remarks, if belladonna be taken in proper doses, for eight or nine days before exposure, the persons taking it are safe. All the testimony we have thus far adduced, in relation to this medicine, is from the reports of German physicians.

In *France*, the editor of "*Bulletin Général de Thérapeutique*" mentions a boarding school, in which an epidemic had appeared. Of the pupils, none, however exposed to the disease, contracted it, who had made use of belladonna; while it generally attacked all others exposed to it.§ Every physician knows the difficulty of staying a contagious epidemic at such a place. M. Martini, in a paper published in the second volume of the "*Révue Médicale*," p. 371, avows his belief in its favor. M. Ibralisle, physician of Metz, in a paper published in the "*Bulletin de la Société d'Emulation*," for April, 1823, p. 201, says, he has seen 12 children preserved by belladonna, who resided in the midst of 206, who were attacked. In the "*Compte rendu des travaux de la Société des Sciences Médicales du Département de la Moselle*," by M. Scoutetten, published at Metz, in 1830, it is stated by M. Friso, of Scierck, in an epidemic of December, 1828, and January, 1829, the mortality was very great; 83 out of 100 dying. The extract of belladonna was given to 22 persons, who resided and slept with the affected patients. All of them completely escaped. Four children, residing in two affected houses, used not the belladonna. In one of these houses, three children took the medicine. These three escaped; while the first-mentioned four were

* *Bulletin General de Therapeutique*, No. 12, Juin 30, 1837. *Medical Intelligencer*, Vol. I., p. 345.

† Hufeland's *Journal der Practischen Heilkunde*, 1820. (Epidemic of Gutterslep, 1820.)

‡ Dr. A. T. Thomson's *Elements of Materia Medica*.

§ No. 12, Juin 30, 1837. *Medical Intelligencer*, Vol. I., p. 345.

attacked. All were equally exposed. The same writer asserts, he could cite many more examples of a similar result. He now constantly carries the medicine with him, being assured he can always arrest the epidemic. Since he has made universal use of it, up to the date of the paper (Jan. 23, 1829), he had but *one* case of scarlatina; and that through fault of its parents, who refused their child the medicine.

In *England*, Maclure, in a paper, to which allusion has already been made, gives, somewhat in detail, the result of his observations and experience. On the 4th of July, 1833, he visited a lady, laboring under a malignant form of scarlet fever. She was attended, during the whole of her sickness, by her mother, nurse, and three maids (five in all); none of them had ever had the scarlet fever. All the other members of the family were sent from home, except the father and hired servants; who all remained below, and never entered the sick chamber. All these escaped the contagion. Belladonna was taken by two of the attending maids. These two completely escaped; although they were constant attendants at the bed-side. The hired nurse, a stout, healthy woman, 30 years of age, refused to make use of the medicine; and was, in a few days, attacked with the disease, and sent to the Hospital. The mother, between 50 and 60 years of age, also declined the use of it, trusting to her age for security; and on the 9th day of her daughter's illness, was herself attacked. The other maid took the medicine only occasionally. She was seized with symptoms of scarlet fever in a mild form; but no eruption appeared, desquamation slight, recovery rapid. The summary of these cases is this:—1st. The mother and sick nurse, who took no belladonna, both took the disease, one severely. 2d. The maid, who took the belladonna *partially*, was only partially protected. 3d. The other two maids, who took the belladonna regularly from the beginning, completely escaped.

In the *United States*, this article is now employed by many physicians, during the course of the disease; which is supposed to moderate its severity.* But it is spoken of favorably as a prophylactic by some.† None, in the United States, who profess to have any practical knowledge of its virtue in this respect, speak unfavorably of it.

Contrary Testimony.—Professor Lichtenstadt, of Berlin, declares, he made trial with the belladonna, but without any satisfactory result as to its efficacy.‡ As this is the only instance on record, so far as I know, of a result of this kind, may not the failure in this instance be attributable to an inferior article, or some other incidental cause? In this country, *doubts* respecting its preventive power have been entertained by some, who have used it merely during the course of the disease. Dr. Gilbert, in the Boston Medical and Surgical Journal for May, 1842, entertains the highest opinion of belladonna during the course of scarlet fever, he having used it for 15 years; though he does not attach to it prophy-

* Medical Intelligencer, Vol. I., p. 386. Boston Medical and Surgical Journal, June, 1839; May and July, 1842.

† Medical Intelligencer, Vol. I., p. 386.

‡ Boston Medical and Surgical Journal, May, 1836.

lactic power. Its most prominent qualities, he says, entitle it to be termed *diaphoretic*, *diuretic*, and a *controller of nervous irritability*, for which it has a high reputation. He says, that scarlet fever attacks those of the most lively temperament; in which cases the whole nervous organism is intensely sensitive; and he concludes, that the whole disease is inflammation of the small vessels of the whole system, concentrated about the throat, and that the effectual treatment consists in moderating the morbid sensibility of the nervous system. He commences treatment with bloodletting at the commencement of febrile reaction; and then relies entirely upon small, but frequent, doses of belladonna. Some physicians attempt to explain the apparent efficacy of belladonna as a prophylactic, by denying the *contagion* of the disease; and thus supposing that its invasion depends entirely upon the different degrees of susceptibility. In this way, Dr. Hunt, of Danvers, Mass., and Dr. Constock, of Lebanon, Conn., correspondents of the Boston Medical and Surgical Journal,* attempt an explanation. But they seem not to have been acquainted with the facts just adduced. This explanation cannot be made available in the experiments of the German physicians. No other names have I found subscribed to similar opinions.

Modus Operandi.—It is believed, by some, in order to exert its prophylactic power, belladonna must produce the usual effects attributed to it, to a certain extent; such as dilatation of the pupils, colic, diarrhoea, perspiration, diuresis, or giddiness.† But such persons speak not from actual observation. It is asserted by all who have made trial, that no such effects ever need be induced. Others suppose it to produce an eruptive disease, similar or analogous to scarlet fever.‡ The eruption is not always *apparent*, but this does not prove that the internal and more susceptible capillary vessels may not be in an analogous state, as is the case in other eruptive diseases. This was the opinion of Dr. A. T. Thomson, of England,§ who observed that it always had this effect, when its beneficial operation in whooping cough was realized; in which disease, it was a favorite remedy with Dr. Thomson. But this effect has been mentioned by no German physician, except Hahnemann; nor have I seen any other physician's name subscribed to this opinion. Hahnemann supposed that scarlatina was either prevented or moderated by the use of belladonna, by inducing a similar disease, like kine pox, on the nervous system.|| But this does not *necessarily* suppose an *eruption*, or anything of the kind; only the *existence* of an eruption was occasionally observed by Hahnemann. Murbeck supposes that belladonna destroys the susceptibility to contract the disease, just as vaccine virus in smallpox; with this difference, the latter secures a *permanent* immunity from the disease, and the former only a *transient*.¶ To this opinion Hufeland subscribes. Maclure attributes its effects to its influence on the nervous system, diminishing or destroying its susceptibility to the

* May and July, 1839.

† Dictionnaire Universel de Materia Medica. Maclure's Paper.

‡ Professor Thomson, in his Elements of Materia Medica. § Ibid.

|| United States Dispensatory.

¶ Bulletin General de Therapeutique, No. 13, Juin 30, 1837.

contagious effluvia. With such or similar opinions, in regard to its mode of operation, the expressed sentiments of most physicians agree; while Dr. Comstock, of Connecticut, perhaps the only one in this country who has adopted a different theory, explains its mode of operation ("if," says he, "it has any virtue at all") by the maxim, "Whilst two poisons wrestle, we may live." But he prefers the flowers of sulphur, as a better established prophylactic.*

Mode of Administering.—*Hahnemann*, on homœopathic principles, gave forty drops in seventy-two hours, of a solution, of which one drop contained no more than the twenty millionth part of a grain of the extract.† The *German physicians*, who next followed him, practising somewhat on the same principle, gave one grain divided into 771 parts, after being mixed with powdered liquorice, one part, a dose for an adult, night and morning.‡ *Koreff*, of Berlin, dissolved three grains of the extract in one ounce of cinnamon water. Dose—from two to three drops to children 1 year old; and one drop added to the dose for every year of age. This also is the formula of the *Edinburgh Medical and Surgical Journal*; adding, that "In general no apparent effect is produced by it; sometimes, however, it produces an eruption like that of scarlatina. It renders the attack more mild, if it does not prevent the disease; and if taken four or five days before exposure, the disease never proves fatal." The French journal, *Bulletin Général de Thérapeutique*, Juin 30, 1837, has the three following formulæ:—Take of the recently-prepared extract of belladonna, three grains; dissolve it in one ounce of cinnamon water, and add fifteen drops of alcohol. Eight drops to be taken morning and evening, according to the age, for a month. Maximum dose for an adult, fifteen drops. Formula of *Murbeck*:—Take of the recently-prepared extract of belladonna, two grains; fennel water, one ounce. Dissolve. Dose—to children, from 1 to 10 years of age, one to five drops, four times a day; above 10 years of age, six to ten drops. He also gave the medicine during the disease, till desquamation commenced. Formula of *Dusterburg*:—Take of extract of belladonna, three grains. Dissolve in three ounces of cinnamon or canella water. Dose, from ten to twenty drops, according to age, twice a day. Formula of *Velsin*:—Take of extract of belladonna, two grains; distilled water, two ounces; alcohol, two drachms. Dose, five to ten, fifteen and twenty drops, according to age, twice a day. Formula of *M. Martini*:—Take of extract of belladonna, two grains; dissolve in two ounces of water; add a little alcohol. Dose, fifteen to twenty drops daily—no danger attending its use. Formula of *Machure*:—Take of extract of belladonna, eight grains; dissolve in one ounce of dill water. Dose, twenty drops every night. This, I believe, is the maximum dose on record, given as a prophylactic; yet, in this case, it produces no apparent effect whatever. Formula of *Dr. Comstock* (given by him only during the course of the disease):—Take of powdered leaves of bella-

* Boston Medical and Surgical Journal, Vol. XX., p. 203.

† Eberle's Practice, 2d edition, Vol. I., p. 483.

‡ Edinburgh Medical and Surgical Journal, January, 1825.

donna, one grain; powdered liquorice, sixteen grains; divide into eight equal parts—one part for a dose.*

In addition to the above statements, I may be permitted to notice briefly the result of my own observations respecting the use of this remedy. While a student of medicine, in a manufacturing village (in New Hampshire), a terrible epidemic of scarlatina invaded the place, and some of the neighboring villages and towns. The disease was generally sudden in its invasion, rapid in its course, and fatal in its event. While it was spreading gloom and terror by the fatal ravages which it was making among the children in these places, it occurred to my respected instructor to make trial with the belladonna, as a prophylactic. He made the first experiment upon his own person, to observe the effects of a very large dose, constantly and regularly repeated. Observing no other apparent effect, than dryness of the fauces, and hoarseness of voice, upon first awaking in the morning, which symptoms generally disappeared immediately after the morning meal, he next gave it to his three children—the oldest being 5 years of age, the youngest 1 year. The formula, which he employed in this instance, and in all subsequent cases, was that recommended and employed by Koreff, as given above; viz., three grains to the ounce. Dose, two to three drops to children 1 year old; and one drop added to the dose for every year of age—twice a day. Observing no ill effects in his own children, he recommended and prescribed it to others. Soon, almost every child in the village was taking belladonna. Some of these children were attacked with scarlatina; but among those who took the medicine regularly, and in proper doses, for a week preceding the attack, the disease in no instance proved fatal, or even severe, but was invariably of the mildest type. In fact, *not one fatal case occurred among those who took belladonna regularly or irregularly.* I will be a little more particular. There were about 150 children in the village and its immediate vicinity. Nearly all of these took more or less of the belladonna. Out of this number, there were perhaps 25 who were attacked with the disease—not including the numerous and severe cases which occurred before the use of belladonna. Of this number, there were not more than 5 *severely* attacked; and there is no reason to believe that the belladonna was taken as it *ought* to be by any one of these five. In the outskirts of the town, and in the neighboring towns, where the belladonna was not used, the fatality during this period was as great as it ever had been.

Belladonna was also used by the same medical gentleman during the *course* of the disease.† And, although many cases, in which it was thus used, were evidently of the most malignant type—no belladonna having been taken previous to the attack—yet *all, without a single exception, to whom belladonna was given, eventually recovered.* Cases of this description were quite numerous, occurring in every part of the town, excepting the village. And there is not the least reason to suppose, that *all*

* Boston Medical and Surgical Journal, Vol. XX., p. 303.

† It was generally used in the same manner, as when given as a prophylactic. But when the symptoms were very urgent the dose was repeated, in some instances, every two hours for a day or two.

of these would have recovered without the belladonna. This success cannot be attributed to the *general* course of treatment; for this was essentially the same in all cases, both previous and subsequent to the employment of belladonna. Neither can it be attributed, fairly, to the less fatal tendency of the disease; for the fatality was not at all diminished in the immediate neighborhood.

Such are the facts respecting this important medicine. And without adding any farther observations of my own, I would respectfully submit them.

APOLOGY FOR BECOMING A HOMŒOPATHIC DOCTOR.

[Communicated for the Boston Medical and Surgical Journal.]

As many members of the medical profession appear to be mystified by the sudden conversion of physicians into homœopathists, for their enlightenment it may be worth while to suggest a few reasons, which, being duly considered, may serve to explain the phenomenon. And this may be done without claiming any concession which would imply that "the new art of healing" is in its alleged principles either rational or true; much less that their infinitesimal doses can by possibility produce any appreciable effect upon any organ or tissue of the living body. Indeed it cannot be expected that such concession will be made by scientific and practical physicians, for such men everywhere concur in estimating the theory as a fanciful conceit, and its practice a metaphysical experiment; the effects of the medicated sugar pellets, when any are discoverable, being produced wholly through the imagination. Our apology, therefore, for avowing conversion to homœopathia, and professing to practise it, will do no violence to the settled convictions of our professional brethren, but only prove that there are still weighty considerations in favor of our course, founded upon existing "facts." A few of these will now be respectfully submitted to the readers of the Journal.

1. It is a "fact," that *chronic* diseases are much more numerous than *acute* diseases, so that the former will be admitted to furnish the profession; everywhere, with their most profitable patients, both from the protracted nature of such cases, and their being numerically four-fold or even ten-fold greater. Now in reasoning upon this "fact," suppose it be admitted that all the *acute* cases of disease are beyond the reach of homœopathy, and given over to the "regular physicians;" is it not plain that a monopoly of the *chronic* cases is by far the better inheritance?

2. It is a "fact," that a vast proportion of chronic cases are not only incurable, organic lesions having occurred, but they admit of no medication without positive injury. Nevertheless, these cases are very often free from danger, no structure essential to life being impaired; and such patients last the year round, or from year to year, if they can be amused and employed all the while, in what is called "expectant treatment." In the "regular practice," these innumerable patients are rendered unproductive by frankly telling them that suitable regimen without medicine

is all that is required, and that they may dispense with the doctor and his drugs. But homœopathic practitioners retain all such patients on their list perennally, and as their doses confessedly do no harm, or, if you please, only furnish "a tub to amuse the whale," the mind of the patient is employed in seeming remedies, for which he returns both thanks and fees.

3. It is a "fact," that a large class of patients, who claim medical advice, are only suffering from mere functional disturbances, the result of some depraved habit, or imprudence in diet, and only need air, exercise, abstinence, or change in their habits of living. They nevertheless claim and expect medication, although the ordinary dose of any drug would be injurious; and homœopathists can comply with their rage for physic by infinitesimal doses, which, while they do no possible harm, will nevertheless yield a bountiful harvest of fees, so numerous are these and the like cases.

4. It is a "fact," that there are multiplied examples of "nervous" complaints, so called, especially in rich families, which are wholly imaginary, especially in old maiden ladies, who "suffer a thousand deaths in fearing one," while such patients are remarkable for longevity, often surviving their whole kindred. Now these cases seldom furnish the "regular" physicians with more than an occasional fee, for a visit or prescription, while homœopathists can keep them taking sugar pellets for life, and receive therefor an annual stipend of liberal amount.

5. It is a "fact," that in the "regular practice," a young doctor must often become gray-headed before he can attract attention, or inspire confidence in the public, so that "the horse is in danger of starving, while the grass is growing." So, also, he must acquire distinction by dint of success in his profession, before he can hope to be consulted in any complicated or profitable case; and so slow are the public in appreciating his merits, that he often becomes distanced by competition, or discouraged by neglect. Not so, however, if he will only become a homœopathist, for however young and inexperienced, however obscure and unnoticed before, he will soon be summoned to "cure incurable cases," which have been justly decided to be such, by the regular fraternity, and he will find himself in families who else had never heard of him, and thus reap a golden harvest. And though the patient dies, because his potenzen come too late, yet his fame as a miracle-monger is not built upon his cures, but upon the mysticism of homœopathy.

6. It is a "fact," that a young physician, or one without practice, has everything to gain, and nothing to lose, by turning homœopathist, for he will be careful not to take down his sign, much less substitute for his title "Doctor," that of a "practitioner of homœopathy." Hence strangers and casual patients are caught as before, while all he gains by his conversion is superadded to his emolument. Nor is he obliged to betray his art to everybody, and hence if he finds that his patient has been misled by his sign to mistake him for a "regular physician," he can fall back upon "allopathy," and treat him *secundum artem*.

7. It is a "fact," that he may occasionally stumble upon a case of

pleurisy, phrenzy, or other acute form of disease affecting vital organs. In these he knows that his "new art of healing" will soon do the "work of death," or allow it to be done, while he is taking his notes, asking his nine hundred and ninety-nine questions, medicating his sugar pellets, or examining his gallery of drug-sicknesses. Hence he has the skill to discover that bleeding, emetics, mercurial cathartics, or blisters, are "homœopathic to this complaint," and thus treating the case allopathically, he takes occasion to congratulate the patient on having a doctor who can practise on both systems at discretion, the old and the new; informing him, however, that for his recovery it is still essential that he should interpose a few of the infinitesimal doses, and that the cure is to be ascribed to these.

8. It is a "fact," that men of science and high character in the profession will refuse to meet him in consultation, or have any professional intercourse with a homœopathist. But this is no disadvantage to a young man, but contrariwise, for several reasons:—1st, he may ascribe it to jealousy or envy on the part of the older and abler man; 2d, he may complain of persecution, and thus bespeak sympathy; 3d, he might find that comparisons are odious, if he was obliged to meet one whose superiority might be apparent when brought into contrast; and, lastly, his blunders and ignorance would be in danger of detection and exposure, if the consultation were held. Hence, though he may lose caste, yet he will still act upon the ancient motto, "Put money in thy purse."

9. It is a "fact," that to claim exclusive knowledge, and profess a belief in mysteries, and propose to work wonders, are the precise means of gaining over the multitude to any doctrine or practice, however absurd. And though it is alleged against homœopathy, that men of sense and discernment intuitively reject and despise it, yet even if this were true, it forms no argument against the policy of embracing it, for such men constitute an insignificant minority of the mass of the population. Let the homœopathists have all the patients who lack sense and discernment, while they can nevertheless pay their fees; and the "regulars" are welcome to the literati and aristocratic few.

10. It is a "fact," that many of the learned, accomplished, and, what is more to the purpose, the *wealthy*, have an unconquerable aversion to taking nauseous and bitter medicines, such as the "regular physicians" employ in their pills, powders and potions; while such are very willing to place upon the tongue a pellet of sugar of milk every day, or smell a phial occasionally, containing these precious treasures. Hence a homœopathist is preferred by such, and by this craft has great gains.

11. It is a "fact," that the popular prejudice against bleeding, calomel, and mineral medicines generally, has become very prevalent and influential. It is in vain to say that it has originated in the abuse of these valuable remedies, for, whether well or ill founded, the prejudice exists. Surely, then, it is policy to avail ourselves of the clamor, and by the "new art of healing," join in the hue and cry against the old and regular practice, if by doing so we may secure the patients, and pocket the fees.

12. It is a "fact," that the maxim is both popular and true, that "prevention is better than cure." But regular physicians cannot profit by this maxim, for their preventive treatment is given in advice, not in medicine. Homœopaths, however, are "wise as serpents" while they are "harmless as doves." They have preventive drugs always on hand, and especially during epidemics of any kind. Hence they are not only practising upon the sick, but also upon the well, and the healthy are by far their most numerous patients. Their triturated drugs, and minute dilutions, are prescribed to prevent sickness, and as their system goes on acquiring popularity, the whole community, whether sick or well, will be under their treatment and paying them fees.

Thus it will be seen that reasons, by the dozen, nay, "plenty as blackberries," may be given for becoming homœopathic doctors. Henceforth let there be no more marvel or wonderment expressed, that so many of the "regulars" are becoming peddlers of sugar of milk. The wonder is that old-fashioned and antiquated notions of conscience and honesty should deter the profession from generally participating in the profits of this "fair business transaction." R.

March, 1844.

THE ANTERIOR MEMBRANE OF THE EYEBALL.

[In the lecture delivered by Dr. William C. Wallace, of New York, referred to week before last, the following observations on the minute anatomy of the eye were particularly instructive.]

The eyeball is covered by a continuation of the epidermis which invests the remainder of the body, and as this membrane possesses peculiarities at various situations, it also differs when extended over the eye. According to writers on animal chemistry, the general epidermis consists of albumen, coagulated and consequently opaque. On the eyeball, the albumen is uncoagulated, for the very obvious reason of retaining the transparency of the organ. The membrane is thicker on those portions of the eye which are most exposed to the air, thinner where it is reflected to the eyelids, and again dense and coagulated at the margins of the tarsus.

Whether the structure we are examining is a distinct membrane, or merely a continuation of the conjunctiva, has been a matter of dispute. The latter opinion is supported in most works on the subject, although the former is maintained by many accurate anatomists.

The reasons for believing that the conjunctiva is extended over the cornea are the following. 1. When serpents cast the epidermis, no aperture is left opposite the cornea. 2. The eel may be skinned entire, without any perceptible division between the conjunctiva and membrane covering the cornea. 3. In the *mus typhlus*, a subterraneous animal analogous to the mole, the cornea is covered with hair, and thus partakes of the nature of the integuments of the rest of the body. 4. The advocates of this doctrine assert that although it is impossible to demonstrate the unity of the membranes in a perfectly fresh eye, yet when the eye is macerated

in water, or immersed in warm water, the dissection may be carried so far as to show a continuity of structure. 5. The diseased state of the conjunctiva in pannus and pterygium extends over the cornea.

The three first statements evidently confirm the contrary opinion. The fourth is not a fact. 5. As in many cases of pterygium tenue, a probe may be introduced between the disease and the conjunctiva, the assertion is not supported. When the disease is deeper seated, both structures as well as the sub-conjunctival cellular membrane are affected.

The opinion that the epidermis of the cornea is totally different from the conjunctiva, is supported by high authority, by anatomical demonstration, and by the phenomena of disease. The accurate Zinn says, "*Sed ipsa illa conjunctiva corneæ agglutinata obtegitur altera membranula tenuissima vera epidermidis propagine, et per corneæ faciem externum expansa.*" Porterfield, Rebes, Meckel, Stachon and Bayle express a similar opinion.

Knowing the composition of the outer layer of the eyeball, it is easy to fit it for examination by hardening its texture with chemical agents. Corrosive sublimate and albumen act readily on this albuminous membrane, and coagulate it so firmly that the true structure may be easily demonstrated. If we immerse an eye in a solution of corrosive sublimate, hold it for some seconds in boiling water, and then commence the dissection from the cornea, we can easily show that the epidermis of the cornea overlaps the conjunctiva. Under favorable circumstances we may extend the dissection to the margin of the eyelids, where the membrane becomes continuous with the epidermis of the general integuments.

In the negro, dark-colored patches of this membrane may be seen on the sclerotal conjunctiva; and on many of the lower animals, the dark patches and margin on the membrana nictitans are formed by this same epidermis.

Those anatomists who assert that they have made preparations showing the unity of the conjunctiva and the cuticle of the cornea, have been deceived, for if we introduce a knife under the conjunctiva and cut through its attachment to the sclerotica, it is possible to remove, uninjured, both conjunctiva and epidermis, so as to give the preparation the appearance of a continuous membrane. These observers have evidently overlooked the possibility of one membrane lying on another.

Like the cuticle on other portions of the body, this membrane is perfectly reproduced after removal, provided the subjacent texture is not injured. Large portions are often detached by attempts to remove foreign bodies; phlyctenulæ and pustules may raise it from its attachments; it may be extensively corroded by ulcers; yet a new cuticle without cicatrix, and perfect in all its parts, supplies the place of that which has been lost. The tunica conjunctiva is not regenerated; when it is divided, as in the operation for strabismus, the margins of the wound recede from each other, and an adventitious deposit covers the sclerotica; when it is removed with a pterygium, the resulting cicatrix is often worse than the disease.

As the epidermis of the common integuments is subject to disease, we

find that the epidermis of the eyeball occasionally deviates from the normal condition. It sometimes loses its transparency, and seems to be more loosely applied to the subjacent parts. In pannus and pterygium, the enlarged vessels are extended to the epidermis, and proceed over the cornea.

If the cornea were covered by a mucous membrane, the mucus on its surface would interfere with vision, as the medium for the passage of light would not be so transparent. In catarrhal ophthalmia the inflammation would be extended over the whole anterior surface of the eyeball, and blindness would be a common occurrence. On the other hand, as we might expect from the anatomical structure, we find that the swelling ceases where the conjunctiva does not exist; the latter membrane rises over the margin of the cornea, but the epidermis of the cornea does not assume a similar disease.

SHOULDER SUPPORTER.

[WHILE opening a package containing the ingeniously-devised instrument alluded to below by Dr. Smilie, of Amesbury, we were reminded of the great number of contrivances, in New England, for propping up the frail tenement of humanity. No inch of body has been neglected, from the ischium to the top of the sternum, for which some sort of supporter has not been devised. Each inventor has discovered that his machinery is the one thing nature is longing for; and so the work of developing new modes of hooping and lacing the outside, to secure the organs within, like a mathematical line, is onward forever. Surely, the profession is distinguished, in this section of the world, both for constructiveness and untiring benevolence. We are gratified with these constant exhibitions of ingenuity, and so far from going to war with this tendency to multiply our means of doing good, we feel bound to encourage a trial of every apparently useful instrument that is fabricated. All that is truly valuable in mechanical surgery has been the result of laborious investigation and patient experiment, from the earliest records of civilization to the present time.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having examined a number of instruments devised to support the shoulders in their natural position, I have thought the idea now crudely sustained, respecting the use of machines, without reference to true physiological and pathological bearings, worthy of being a subject for more extended investigation.

A large majority of those persons affected with pulmonary complaints, follow sedentary pursuits—such as engender the habit of stooping, causing a loss of tone in the respiratory muscles and their adjuvants. The intercostal and abdominal lose their tonicity from constant relaxation; while those that support the head and shoulders in their natural position lose their contractility by constant tension, so that the cavity of the

lungs is contracted and their action becomes impeded, by a want of tone in the muscular appendages of the respiratory apparatus. And one of the most popular instruments invented to remedy this pathological defect, does, in my opinion, add fuel to the disease. It is so constructed that the shoulders are laced back, and confined so as to admit of little or no movement. Now in order that the muscles may regain their tonicity, it does not appear philosophical that their action should be substituted by artificial supports. Having in view these defects, I have constructed an elastic instrument, of which I would respectfully request your opinion.

April, 1844.

Yours respectfully,

E. R. SMILIE.

P. S.—For the want of proper materials, the article is imperfectly made, but you will be able to obtain the principle that I wish to convey. I have found it a very successful adjuvant in the treatment of pulmonary complaints.

THE SPECULUM.

[Communicated for the Boston Medical and Surgical Journal.]

WITHOUT wishing the speculum to become as popular with patients in this country as it is said to be in France (*Med. Chir. Rev.* No. 85, p. 30), yet I esteem its merits so highly, that in my opinion anything that shall tend to diffuse the knowledge of it, and render more attainable its practical benefits, is a service to the profession. I have for some time been in the practice of using a speculum, made of the upper part of an argand lamp glass. The one I commonly use is one inch and a half in diameter, and four inches in length. The glass being cut off above the shoulder, and the cut end distinguished by a rim of sealing wax, is completed by a suitable piece of sponge covered with oil silk, and tied to the end of a staff two or three inches longer than the tube. The sponge is then placed in the entering end of the tube for the purpose of acting as a pioneer, to be withdrawn by the staff when its service is no longer requisite. This, in my opinion, constitutes one of the cheapest, most easily introduced, and either for observation, or the application of remedies, one of the most efficient instruments I have ever seen. For the first description of a tubular speculum I am indebted to an article in the *London Lancet*, by Mr. Fenner, some two or three years since. The No. I cannot refer to.

MOORE HOIT.

New York, April 8th, 1844.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, APRIL 17, 1844.

Quackery in New York.—New York seems to be the most comfortable place for quacks, with the exception of Boston, in the whole Union. The notorious Williams, after having been exposed in nearly every other city he dared to visit, sat down there and flourished for years. The two Crawcours, by acting alternately the livery servant, while the other personated the fine gentleman, succeeded in swindling the inhabitants of New York, it is said, out of thirty thousand dollars in a very short time.

Of late there has been a new species of quackery copied from the *soi disant* Doctor Turnbull, of London, whose puffing articles about prussic acid in eye diseases, have not yet ceased to go the rounds of the newspapers, and whose stories concerning the efficacy of the alkaloids, are occasionally repeated. Taking advantage of Turnbull's plans, a practitioner in New York is said to have gulled the citizens out of thousands of dollars with the pretence that he was supplying them with expensive medicines. With the utmost plausibility he writes a prescription, for half an ounce or an ounce of *aconitine*, for example, the price of which is a dollar and a quarter a grain, or six hundred dollars an ounce; saying, at the same time, the medicine might be either obtained from him or from any apothecary; but to be certain of its purity and *honest* preparation, it should be obtained from himself. The patient, to his astonishment, finds out that there are really such expensive medicines, and being persuaded by mistaken friends, and the assertions of the quack, concludes to make every sacrifice to purchase what he fondly, but vainly, believes will restore his sight, and prefers to take the medicine from the prescriber rather than from another source. Now it is known to medical men that even the fiftieth of a grain of *aconitine* has produced serious effects, and that it is about as powerful a poison as prussic acid. The quack well knows that half an ounce of *aconitine* would kill two hundred people, and takes very good care to put into the mixture, either none of the expensive medicine at all, or only a safe quantity.

It is said that a certain professor tried to play "the *aconitine* trick," but from want of plausibility or not knowing his man, was obliged to disgorge the hundreds he had thus swindled.

Those who have suffered from this species of imposition, should insist upon restitution by threatening exposure; or if the amount be considerable, to obtain it by a course of law, as no jury would sustain such palpable extortion. The sum of seventy-five dollars—a poor man's all—was thus recovered from Williams, even although a written agreement, to give the latter no trouble, had been signed. The jury considered that the agreement had not been made in good faith, and rendered a verdict for the plaintiff. When such was the fate of Williams, it is really astonishing how other quacks have so long been able to escape the clutches of the law.

It cannot be denied that some individuals of New York have experi-

enced benefit, but we assert that removal to the healthy air of an island, regular exercise, as walking, riding, sailing, &c., change of scene and absence from domestic cares, do quite as much for the restoration of health, as EXPENSIVE medicines from unprincipled speculators.

Method of determining the Character of Luxations.—An ingenious mode of deciding, instantly, the precise kind of luxation that may be presented to the surgeon, has lately been devised by an eminent professor. If a limb happens to be swollen before the surgeon has made an examination, all know the extreme difficulty of determining the precise condition of the parts. Young surgeons, especially, often hazard the little reputation they may have established, and even those very experienced in dislocations are sometimes perplexed beyond measure in this difficult department of practice. For this invention, for such, in fact, it must be regarded, we are indebted to Dr. N. R. Smith, of Baltimore. Plaster casts have been taken of all forms of displacements,—that is, the external appearance of the parts. These are uniformly alike. A dislocation of the elbow will always present the same aspect, in every individual, the world over; and so of any and in fact all other articulations. How difficult it sometimes is, for example, in case of the displacement of the astragalus, to know the fact. A series of models, therefore, which exhibit the distortions, at the point of injury, and the neighborhood, under such circumstances, must be invaluable. These patterns are of great variety, according to the peculiarities of each accident. The frequent occurrence of mishaps to the bones, allows of an extensive collection, so that it will rarely happen that any form and shade of appearance will not be recognized on the model, and the surgeon will thus be enabled to understand, at once, the minutiae of the case before him.

Surgical Operation for a Deformity.—Dr. March, of Albany, known for his successful operations in all departments of surgery, recently performed an important operation for the relief of a shocking deformity. "The patient, Mr. D. N., of Troy, aged 22 years, had the misfortune to be severely burned about the throat in infancy, and the contracted cicatrix has since bound his chin closely to his chest, greatly distorting also his mouth. The operation was commenced by dividing, by cautious delicate sweeps of the knife, the whole of the contractions by an incision which extended across the front of the throat nearly from ear to ear, gradually elevating, at the same time, the head. It was found that the division of the integuments merely, would not suffice in this case as it usually does, the mastoid muscles having participated in the general contraction; their sternal attachments were accordingly divided, together with the deep cervical fascia, which allowed a sufficient elevation of the head, leaving an open wound, nearly five inches in width and eight in length. This part of the operation being completed, the next step was to make a pattern of the gap or wound by which to shape the flap to be taken from the shoulder. This done, the operator proceeded in its dissection from the left shoulder, the whole of the deltoid muscle being exposed. A narrow neck for the support of the flap was left undivided, by twisting which it was turned to cover its future place. The margins were attached to the margins of the gap by twenty-six points of suture. The fit was most accurate and the

immediate improvement great, though time will effect much more. The wound upon the shoulder was drawn together in a measure by sutures, and the dressing completed by lint and a roller, which with compress was also applied around the neck to bind the flap closely in its place."

Region for Consumptive Patients.—Physicians, who have had ample opportunity for observation, assert that the climate of the interior of Illinois affords remarkable relief to persons laboring under diseases of the lungs. At Hillsboro', a large and flourishing town, the centre of a county, a case of pulmonary consumption, it is said, has not been known in the place or neighborhood, in five years, with one single exception, and that was involved in some doubt. A physician, whose lungs were exceedingly sensitive, and who had several times raised blood alarmingly, assures us that he has been restored to comparative health since removing to a town that borders on a prairie. He has much confidence in saying that persons who have apprehensions of a decidedly diseased state of the lungs—especially those on the Atlantic border here in New England, or within the searching influence of the cold easterly winds—would often find themselves relieved from the irritability of the organs, cough and thoracic pains, which forebode a fearful tendency if not speedily restored, by an escape to the more genial climate of that State. If simply taking up a residence on the most beautiful lands in the world, accessible by water, stages and railroads, at all times and seasons, offers such promises of relief to the consumptive, who would not avail themselves of the happy remedy? We are desirous of obtaining more and definite information on this important subject, and therefore invite medical gentlemen in Illinois to favor us with the results of their observations and experience in regard to a matter of such peculiar interest.

Burying under Churches.—It is lamentable that some active course cannot be adopted in this and all other American cities, to stop the vast accumulation of dead human bodies under our churches. What a horrible mass of active putrefaction there is in the very heart of this great city, evolving gases through the seams and crevices of the floor, to be inhaled by the living. Although there is a fancied security, and we are told that nothing escapes that can be of the least injury to health, it is, we believe, untrue. The gases that are liberated in the process of decomposition, cannot be confined in a tomb—they are diffused, and the congregation insensibly inhale the seeds of death from below, which will assuredly germinate, and ripen.

The custom of entombing under houses of worship is a relic of a semi-civilized age, and totally unworthy the regard of intelligent society in this epoch of chemical light and scientific attainments, when the laws of health are quite as familiar as the civil code. Cannot something be done in furtherance of an object that has been several times agitated in Boston—the removing this pestilent accumulation from under our places of worship?

University of Transylvania.—Although there are two great rival schools of medicine and surgery in Kentucky, one at Lexington and the other at Louisville, they seem not to interfere with each other's prosperity, nor are

the two either waning in influence or suffering for the want of proper sustenance. It is conceded that both can exist with benefit to the community, entertain friendly regards, and be on good terms.

At Lexington, where the lecture season closed a few weeks since, there was a class of 214. Since the organization of the medical department of the University in 1819, there have been 5,211 pupils in attendance on the lectures. Few institutions have exerted a wider influence in twenty-five years. In the same time, 1440 have taken the degree of M.D. It is considered particularly providential, that not a single student has died during the sessions, within the last six years. This fact speaks well for the climate of Lexington.

Having been there and examined into the capabilities of the place with reference to the advantages it possesses for the study of medicine, we can say, unhesitatingly, that all that is promised by the faculty is given in full measure.

Law of Population and Mortality.—A volume is in a state of preparation by Dr. Forry, of New York, on the *Law of Population and Mortality in the United States, based upon the Six Censuses, and other data, with a condensed view of General Hygiene or State Medicine, in its relation to Vital Statistics, as regards the promotion of Longevity and Happiness.* Those who have it in their power to furnish such facts as would be of service to the author, would doubtless confer a special favor by sending them to him seasonably. Lemuel Shattuck, Esq., of Boston, has given much attention to the subject, and could render profitable assistance from this quarter. All the tables of Dr. Wigglesworth, of which the life insurance offices make some use, may be found in Mr. Shattuck's pamphlet. Dr. Bowditch, late Actuary of the Massachusetts Life Office, did not leave any published calculations upon vital statistics, as has been supposed, and we are warranted in saying that Mr. Shattuck has done quite as much as any other person in New England in regard to this subject.

Use and Abuse of Dental Surgery.—J. R. Dillingham, a dental operator of Lynn, Mass., of high respectability, is the author of a neat publication designed for popular reading, bearing the above title, that contains remarks on the diseases of the teeth, the method of preserving them, &c. &c., which will unquestionably be read with satisfaction by those for whom it was particularly designed. We cordially approve of every effort that may be instituted for enlightening the people on the important subject of practical dentistry. We have no patience with quacks of any sort; but quack dentists are a shade worse than any other—because, instead of effecting any good, even by chance, they almost invariably spoil nature's work, and hasten the destruction of the teeth they vainly pretend to save.

Medical Appointment.—Elisha Bartlett, M.D., formerly of Lowell, Ms., and now holding the chair of Theory and Practice at Lexington, Ky., has been elected to the professorship of Theory and Practice of Medicine in the University of Maryland, at Baltimore.

Chailly's Practical Treatise on Midwifery.—A copy of this excellent work, referred to some weeks since, translated by Dr. Bedford, of the University School of Medicine, New York, came too late for more particular notice this week. We are well pleased with its appearance.

Incurability of Consumption.—An extract was given from Dr. Chapman's late work, a few weeks since, in which an opinion was advanced that a genuine case of pulmonary consumption had never been cured. In a recent letter from Dr. Hopton, of Cheraw, S. C., he sustains this opinion in the following manner. "I agree with Dr. Chapman, in asserting that phthisis is an incurable disease. I have practised medicine upwards of twenty years, both in this country and abroad. I have seen many cases—I have treated them, and I have seen them treated by others, but in no instance have I known a case cured. Those who assert that it is curable, have been mistaken in the disease. They may possibly have confounded it with chronic bronchitis, laryngitis, elongation of the uvula, &c. &c., all of which have symptoms not very unlike those of phthisis."

TO CORRESPONDENTS.—Dr. Parker's paper on Erysipelas, and some further documents relating to the disputed case in Buckland, are on file for publication.

MARRIED.—In Boston, Edward P. Le Prohon, M.D., of Montreal, to Miss Lucy H. Green.—In New York, Wm. P. Overton, M.D., to Miss E. F. Hewins.—Dr. Edward Hodges to Miss S. A. Moore.

DIED.—In South Boston, John B. Stebbins, M.D., long known in this city as a respectable and skilful physician.

Number of deaths in Boston for the week ending April 13, 37.—Males 15; Females, 23. Stillborn, 3. Of consumption, 5—fits, 2—infantile, 3—disease of the bladder, 1—accidental, 1—abscess, 1—burn, 1—inflammation of the lungs, 1—dropsy in the head, 1—inflammation of the kidneys, 1—lung fever, 1—drowned, 1—disease of the spine, 1—old age, 5—scarlet fever, 5—child-bed, 1—marasmus, 1—intemperance, 1—dropsy on the brain, 1—white swelling, 1—dropsy, 2. Under 5 years, 15—between 5 and 20 years, 5—between 20 and 60 years, 10—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Mar.	Therm.	Barometer.	Wind.	Mar.	Therm.	Barometer.	Wind.
1	from 40 to 50	from 29.49 to 29.52	S W	17	from 34 to 42	from 29.79 to 29.01	N W
2	36 44	29.18 29.29	S W	18	36 41	28.94 29.05	S W
3	37 47	29.30 29.37	N W	19	16 22	29.29 29.52	W
4	28 31	29.10 29.36	N W	20	32 46	29.18 29.47	S W
5	6 22	29.62 29.73	N W	21	30 34	29.24 29.27	N W
6	21 40	29.79 29.84	N W	22	25 34	29.03 29.06	N W
7	18 46	29.88 29.90	S W	23	21 33	29.20 29.23	N W
8	39 45	29.53 29.76	S W	24	30 40	29.32 29.39	N W
9	41 47	29.35 29.27	W	25	36 57	29.22 29.28	W
10	29 39	29.38 29.42	N W	26	32 55	29.45 29.50	N W
11	32 51	29.60 29.72	N W	27	30 38	29.57 29.75	N E
12	34 47	29.77 29.80	S E	28	28 32	29.30 29.58	N E
13	40 46	29.36 29.55	S E	29	41 48	29.26 29.59	N W
14	42 48	29.36 29.44	N W	30	22 28	29.30 29.36	N E
15	28 32	29.59 29.63	N E	31	20 30	29.55 29.85	N W
16	30 35	28.99 29.38	N E				

This month has been March in good earnest—cold, stormy and cheerless—the last day of the month one of the coldest and most uncomfortable; thermometer at 20, ground covered with snow. Thermometer ranged from 6 to 57. Barometer, from 28.79 to 29.90. 3.80 inches of rain fell—18.5 of snow.

Moral Insanity.—In all cases of moral insanity there is physical disease, which may be detected by a physician conversant with insanity, its precursors and concomitants, though it may not easily be discerned by a court or jury, however enlightened in the law. The distinction which I would make between moral insanity and moral turpitude, is, that in the former, some diseased function of organs, more or less intimately connected with the brain and nerves, has preceded or accompanies it. There is another fact in this connection worthy of a passing remark. It is, that, in cases of insanity in which the intellect is involved so as to make it certain that insanity exists, the moral feelings often become first affected; the individual appears strange, is morose when he has been kind, violent when he is naturally mild, passionate when he has been calm and pleasant, and all this before the intellect becomes disturbed. Nothing is more common than for friends to state to us, when they bring patients who are violently insane to our care, that, before they became so, there was, for weeks or months, a change in their feelings for which they were unable to account, but that they did not think them insane till they became violent, threatened mischief, or exhibited some delusion. In all great and sudden excitements of the mind, the feelings are disturbed before the understanding is influenced: under provocation, the temper is enraged before the judgment is perverted and volition excited; causes of grief first awaken the tender feelings before they influence the intellect; our sympathies are first excited before the mind moves to dispense its charities. So in disease—even delirium in fever and other acute diseases rarely affects the understanding till it produces irritability, impatience, and excitement of the feelings. Is it surprising that, in insanity, functions so active should be uncontrollably affected alone when they are so frequently, I might say universally, concomitants of mental derangement? The subject is one of deep interest, and should not be dismissed hastily in the examination of those arraigned for crime or suspected of insanity.—*Dr. Woodward's Annual Report.*

Insanity connected with the Puerperal State.—In the insanity connected with the puerperal state, the characteristics of disease are so wild and furious, as usually to require an early subjection to asylum treatment, and it rarely occurs that such cases do not recover. The symptoms are ordinarily of the most violent form; the conversation is wild, obscene and chaotic;—the patient is destructive, sleepless, and vociferous. The intensity of diseased action would appear to threaten life from its continuance; from day to day there seems an imminent hazard of the patient's sinking, yet in our experience no patient ever has done so. This, perhaps, may be in part from the fact that such cases are peculiar to that period of life, when the recuperative energies of the constitution are strongest.

This class of patients is ordinarily the most pleasant and satisfactory, as far as results are concerned, of any that ever enter an asylum. The recovery, often protracted, is always entire; no distortions, weaknesses, or eccentricities of mind, are apt to be its sequel. The sufferers have uniformly appreciated the violence of their disease and the cares which have been bestowed upon them, and evince the most grateful feelings.—*Dr. Bell's Annual Report.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, APRIL 24, 1844.

No. 12.

DEATHS IN CHILDBIRTH.

From the Report of the Registrar-General of Great Britain.

IN the four years, the returns under this head were less specific than could be desired.

The annexed return of some cases occurring in the metropolis will, however, give a general idea of the nature of the accidents that render childbirth dangerous.

Of 196 cases noted, 55 were returned simply as "childbirth;" 7, "miscarriages," two of the latter attended by hæmorrhage; 27, "flooding," or loss of blood; 6, rupture of the uterus; 63, puerperal fever, peritonitis, or inflammation of the womb; 1, erysipelas; 1, inflammation of the brain, 1 of heart, 4 of lungs; 3, phlegmasia dolens; 1, serous effusion after childbirth; 14, exhaustion, collapse, syncope, debility; 2, convulsions; 5, puerperal mania; 1, difficult labor; 1, exhaustion from a fibrous tumor in the uterus; 1, tubercles in the womb after childbirth; 1, ovarian dropsy after premature parturition; 1, dropsy and childbirth.

Original malformation renders labor in some cases difficult and dangerous; at other times pregnancy occurs in women afflicted with fatal diseases (fibrous tumor, tubercles, ovarian dropsy); and, as childbearing does not exempt the frame from disease, all the deaths which occur in that state, spontaneously or from accident, must not be ascribed to it in any other way than as a complication. Smallpox is almost invariably fatal in the puerperal state; and if inflammations of the brain, heart and lungs occur, their danger must be increased; but it is probable that the above cases were some of the many complications of puerperal fever.

The terms—puerperal fever, puerperal peritonitis, uterine phlebitis, inflammation of the uterus—are applied by writers, without any great discrimination, to modifications of one affection, which it was proposed, in the nosology, to designate "metria," the uterus and its appendages being the source and principal seat of the malady; which has, however, no more in common with pure inflammations, like peritonitis, than the changes of the glands of Peyer in typhus. Metria is contagious; but this fatal disease, with phlegmasia dolens and puerperal mania, will probably be regulated, to a certain extent, by the same causes as diseases of the first class. Another large section of the mortality is from the loss of blood,

rupture of the uterus, or mechanical causes, and must very much depend upon the skill and care of the persons in attendance.

A certain number of deaths are caused every year by the contagion of puerperal fever, communicated by the nurses and medical attendants; but this will be referred to shortly.

Midwifery is well understood in England, and the medical practice is certainly as sound, as little encumbered with obsolete prejudices, as well adapted to aid and correct the efforts of nature, as the other parts of surgery; but errors in practice are sometimes committed; and though excellent nurses, considering their education, are sometimes met with, medical precepts are too often set at naught by the nurses and old women in attendance, who have peculiar views of their own, which they lose no opportunity in announcing and carrying into effect, with the best intentions in the world, but the worst consequences. A large proportion of the 500,000 English women who lie in every year, and have any attendance at all, are attended by midwives, who, from one cause or other, probably delicacy of the national manners in points of this kind, receive no regular preliminary instruction in anatomy and other matters, some knowledge of which a glance at the causes of death in childbirth will show is indispensable in many emergencies. It is true that a medical man can be called in where the danger is imminent; but to discover danger, knowledge is required; and those who have come in contact with midwives, or "monthly nurses," are well aware that ignorance does not diminish their self-confidence. In France, the "*sages-femmes*" go through a regular course of instruction, theoretical and practical. Madame Boivin and others have greatly distinguished themselves there by their writings, and contributed not a little to the progress of their art. Mr. Hoffman states that the Prussian Government supported, in each of the eight provinces, schools of midwifery, which, in 1837, had furnished the country with 11,155 midwives, examined and passed by the Medical Boards.

It would be folly—with the undoubted difference in our manners and institutions—to argue that the French or Prussian systems should be introduced into this country; practically they are perhaps not more efficient than our own; but it is very well worth while, in the first place, to inquire whether our English system do not admit of essential improvements, and in the second, what steps should be taken for carrying these improvements into effect.

No one who has reflected upon the subject, and certainly no one who has a practical acquaintance with it, will contend that the annual deaths of 3000 women in childbirth, and of 13,350 boys, and 9,740 girls in the first month after delivery, or the sufferings and deformity of those who escape with life, are natural and inevitable. Admit that the lives of a thousand—of five hundred—of one hundred of these mothers could be saved—and that many more might be rescued from injuries and pains which disable, or never leave them, and assuredly no apathy, no false sentiments of delicacy, will prevent those who have the public health at heart from giving the subject the most attentive consideration.

If schools for the education of nurses and midwives were established in

the metropolis, and the large towns, under medical supervision, and some distinction were conferred upon those who proved attentive, kind and skilful, such schools would probably be frequented. A highly useful profession would be thrown open to women, who have now so few sources of profitable employment; and the utility to the community of a recognized body of respectable women, educated as nurses, acquainted with the plain doctrines laid down in the popular medical works on health, and possessing as much knowledge of midwifery as the French *sage-femme*, would be incalculable. Some of these schools might be connected with the present hospitals and lying-in institutions; others might be founded for the delivery of easy popular lectures, and for providing the wives of the indigent with gratuitous attendance, or attendance slightly remunerated—to be supplied by the young nurses, superintended by those practically versed in their art, and medical officers.

In a year, or two years, intelligent women would acquire, at such an institution, sufficient information and skill to be useful nurses. It is questionable whether they should be taught the properties of drugs. I do not think that they should be allowed to dabble in such dangerous articles. If they were taught in what circumstances to give a few drops of laudanum after delivery, and when to administer castor oil, or tincture of rhubarb themselves, or in what way to apply the remedies prescribed by physicians or surgeons, it would be enough. To attempt more would be to establish a new class of half-educated practitioners, like the druggists, and would infallibly lead to mischief, without any chance or prospect of countervailing good.

After consulting on the subject several medical men in extensive practice, I may state that the want of good, educated, trust-worthy nurses is felt in the highest circles, as well as in the middle ranks of society. The nurse is always present with the patient; the medical man only occasionally; to the nurse is entrusted the administration of remedies, the ventilation of the apartment, the warming, the diet, and a thousand nameless offices on which health and life depend. How can a nurse without any knowledge of principles—without sound convictions engrafted on her mind by education—swayed by her feelings and traditional prejudices, be expected to discharge her difficult duty? The nurses of our hospitals acquire a practical knowledge of their art, and get employment out of doors; but, as a general rule, hospital nurses are under-paid, and the consequence is that they are too often a very inferior class of women, who can get no other engagement. There are exceptions, but as our religion has not yet called into existence a class like the *sœurs de charité*, it is vain to expect nurses to supply their place, unless the wages (they should be salaries) be sufficient to supply educated persons with a comfortable subsistence.

An institution for the education of nurses would probably succeed better than many of the medical schools; but they would be nurses for the middle and higher classes; the small outlay of capital which an education of the kind would involve, must tend very much to preclude the admission of midwives for the poor laborer's or the artisan's wife. To pro-

vide these the professional education should probably be at first gratuitous ; or a few professorships might be endowed, and the fees be made low for all the instruction in the doctrines of health, and the principles and practice of midwifery, including nursing in sickness of every kind. The appointment of parish nurses and midwives under the medical officer, could alone provide for paupers ; but the laborer or artisan would find the attendance of the nurses who had availed themselves of the moderate education adverted to above, of great use in the sickness of his wife, and really less costly than the spirit-drinking nurses now met with, who sometimes demoralize the mother and poison his children.

Several collateral advantages would arise from the institution and support of a class of educated nurses distributed all over the kingdom.

New habits and practices are much slower in their progress than opinions and knowledge ; they require to be taught "in season and out of season"—by precept and example. Our present knowledge of the laws of health—of the causes of death, and consequently of the means of preserving health—is imperfect, no doubt, but is very far in advance of what was possessed in the last century. The popular works of Dr. Southwood Smith, Dr. Andrew Combe, Mr. Pye Chavasse, Dr. Hodgkin, and others, place within the reach of the public important doctrines which were unknown to Sydenham. Such popular medical literature has an extensive sale ; but it would be a mistake to suppose that the mass of population, rich or poor, is acquainted with the best established sanatory principles, and the reasons on which those principles rest—is therefore much influenced by them, or is willing to take the trouble and incur the expense requisite for procuring what science and calculation prove are necessities of life. The practice of no small part of the population in sanatory matters, so far as it can be referred to rules, and is regulated by doctrines, is the practice inculcated by former generations of medical men ; and is only broken in upon by a few rays of light. The well-informed part of the community owe their enlightenment principally to the teaching of their medical attendants, who lose no apt opportunity of laying down rules of health, and enforcing them, by drawing the attention of families to the sad and often striking consequences of neglect. This is the more praiseworthy in the members of the medical profession, considered as individuals, inasmuch as the colleges do not prescribe, nor the schools provide, as in other countries, any systematic courses of instruction in hygiology (the *hygiène* of the French). The art of preserving health is not yet taught in the medical schools of England ; and it is only just to add that it is not paid for in any shape by the public.

It is nevertheless to the medical profession chiefly that we look for the sound doctrines of hygiology, and to their due influence in the homes and daily life of families. But would not the medical man be as much assisted by instructed, as his proposals are thwarted by ignorant, nurses ? Would not the constant reasoning, the stories, the advice, of an amiable woman—comparatively well instructed in her *profession*—go further than anything else to inform the minds and to impart practical principles to the mothers of families ? And who does not know that the comfort

and cleanliness of the poor man's hearth, the lightness and health of his room, the vigor and training of his children, are the work almost entirely of the wife. If the educated nurses possessed the sound common sense and good nature which a body of English women scarcely ever wants, and could be induced to read so as to keep up their knowledge, and to apply practically the improvements which every day brings to light, they would be a connecting link between the highest class of intelligences engaged in medical research, and the humblest members of the community to whose advantage those researches invariably tend. The English midwife would then be worthy of reward.

THAT PANCREAS, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having lost my senses, I may as well cease to write for your Journal, unless I make pretences that have proved available in other instances, so that I may presume my word will be taken for law and gospel, whether or no. I will explain:—

Last summer I saw a liquid in a phial which smelt, tasted, and looked precisely like a medicine with which I am quite familiar, and which is called Fowler's solution. The patient, too, who had been taking of the liquid, presented such symptoms of irritation of the stomach as are said by authors to be sometimes caused by the use of that medicine; nor did the physician who prescribed the liquid deny to me, in a private interview, its being Fowler's solution; and, verily, I did think it was Fowler's solution, as did also Dr. Puffer, of Colerain. Nevertheless, Puffer and myself were both vastly mistaken; for after I left the house, the physician who prescribed the liquid told the patient and her attendants that it was *not* Fowler's solution. So, too, in relation to the late Major Griswold, of Buckland—at the time of the autopsy I thought there was a deep jaundiced hue of the surface, but my eyes did serve me badly, for the second reporter of that case says there was "Nothing unusual about the external appearance of the subject."—(See No. 19, Vol. XXI., and No. 8, Vol. XXX. of this Journal.) Again, I thought the gall-bladder resembled in shape and size a goose egg, even a very large one; but here I must have been deceived, for the said reporter says not a word about the gall-bladder, as he would have done had it been thus distended; for he is not writing a fancy sketch for some selfish purpose, but, being seized for the first time in his eventful life with "a sense of obligation," he writes for the purpose of "advancing the interests of our profession"—good, honest man!

But what more particularly alarms me, is, that I am subject to a singular kind of blindness, so that while I can distinctly see most objects, there may be others directly before my eyes which I cannot see. *Proof*.—After removing the stomach, an oblong prominence of a light, grayish color, and closely adherent throughout to parts beneath, was presented to view. My first thought was, diseased mesenteric glands. I knew it was some

morbid structure, and remarked, in the presence of all, "What is this? Here is the seat of the mischief," or words to this effect. This uneven, oblong prominence extended transversely over the spine in the usual seat of the pancreas. With considerable trouble and care I removed it. About one half of the bulk of this mass appeared to be of an adipose and cellular texture, not very dense; but within a dense irregular oblong body could be felt, much larger at either extremity, and especially the right, than in its middle. At this point it appeared to resemble in shape and size my little finger, with which I mentally compared it, at the time. On laying it open it presented an appearance much like that of cartilage, only not quite so hard and white. I *inferred* that this body was a diseased pancreas, because I supposed that every man has a pancreas, and on re-examining the subject I could discover nothing which could possibly be taken for this organ. Yet it could not have been the pancreas, and there must still have been a pancreas in the subject which I *could not see*; BECAUSE the second reporter says, "Pancreas not enlarged, *not unnatural in shape*, but in a state of simple induration, well described in the Library of Practical Medicine, Vol. III., p. 194, under this head." And on turning to the work and head here referred to, the reader will find the following:—"Induration. The pancreas is sometimes found of a firmer consistence than usual, *without any perceptible alteration of structure*, * * * whilst the surrounding cellular texture remains of a healthy character."

Having adduced the foregoing evidence of loss and perversion of my senses, the reader will not wonder that I could discover nothing amiss about the heart excepting a mere point or two of ossification, which in my opinion could have had nothing to do in causing a single symptom or physical sign presented by the patient, although "hypertrophy" and "softening" both existed; for so says the second reporter. As tending, however, to create some doubt whether my senses were really defective or not, when I examined the heart, it would seem that I might here adduce the testimony of Dr. Christopher Deane, of Colerain, one of the oldest and ablest physicians in the county, and wholly disinterested, who remarked upon the spot, that "he never saw a more healthy heart taken from a subject of the advanced age of Major Griswold," and who has subsequently spoken of my report in terms of approbation, calling it "pretty honest;" but on second thought, this testimony would avail me nothing, for as my senses proved treacherous, it may be that those of Dr. Deane and all others (those of the second reporter always excepted) did the same.

The attentive reader and experienced physician will also gather from the two reports before referred to, another circumstance tending to create at least serious doubts whether there was any important disease of the heart, viz., the absence of all effusions either in the extremities, the chest, or the abdomen, for more than three months before the death of the patient. For I could never discover the least evidence of any at any time; and the second reporter, unaware of their importance in making out his case (if a man in my state may be permitted to speak as he thinks), does not

claim the existence of any after the 6th of May. The patient died the 12th of August.

In the case now the subject of controversy, there was a very gradual failure of all the vital powers (*I* cannot even except the pulse in the left "arm"), and I am by no means disposed to deny, that for several days before death a failure of the sensorial powers was very evident, but I never could discover any sufficient grounds for believing that there was any primary affection of the nervous system. Nor do I now perceive any difficulty in tracing every symptom and appearance presented by the patient and witnessed by me, to disease of the pancreas. It is true that the second reporter has spoken of the "functions" of the pancreas as being "obscure;" but I suspect he meant *diseases* of the pancreas. That the pancreas secretes a fluid which mixes with the chyme, and is in some way subservient in the great process of nutrition, is universally admitted, and this is about as much as we can say even of the liver. No one pretends to know the precise way and manner in which any of our glandular organs perform their functions; yet we do not regard these functions as very obscure, when the result to which the organ contributes is known. I admit, also, that some experiments upon animals have been reported, tending to show that animals may survive for some short time—I know not how long—after the power of the pancreas to perform its office must have been destroyed. But I trust that no enlightened physician would infer from this, that disease of the pancreas alone would not in time destroy life, especially as many such cases are upon record. In the work referred to by the second reporter, eight cases of the kind are mentioned. And for *years* before the death of Maj. G., disease was marked in the countenance.

The idea of diseased brain, in the case before us, seems to be a new wrinkle of the second reporter, brought forth under the spur of necessity. A single glance at the patient, by an experienced eye, would have shown at once that any "occasional determination of blood to the head, producing vertigo," to which he might be subject, was owing, not to hyperæmia, but anæmia, and was akin to nervous apoplexy and the hydropcephaloid disease. Nor would the alleged fact, that such turns were relieved by "copious venesection"—instead of mustard pediluvia, cold applied to the head, and a cathartic more or less active according to circumstances, the proper remedies—tend in the least to cause the well-informed practitioner to take a different pathological view of these seizures; notwithstanding the "capacious chest, short neck," &c. This relief by "copious" bleeding in these exsanguious cases is pretty well understood by most, I fear not all, physicians. If it do not destroy life immediately, it is like the relief of the debtor who hires money at four per cent. per month. That such was the nature of any "determination of blood to the head," in the case of Major G., for months at least before he died (though I witnessed nothing of such determination, and hear nothing of "rather copious epistaxis"), his general appearance alone would forbid me to doubt. Yet in confirmation of this view, I will here present an extract from a letter dated the 3d inst., from Isaac L. Tobey, M.D., son-

in-law of the Major, a relative also of the second reporter, and whose ride, owing to his location, clashes with mine, but not with that of said reporter.

"Two years ago last March, the Major had what he termed a 'poor spell.' I carefully examined his case, and he gave me the history of his life. Said that several years ago he had a fever, and ever since had been almost constantly ailing. Stated that for the last two years he had been troubled by turns with diarrhœa—had pain in his stomach and bowels; that his food did not digest well, and distressed him. Palpitation, heart-burn; said he had frequently rheumatic pains, and for several years diabetes. ["Diabetes." This is the term the Major used in describing his case to me; but on close inquiry I concluded that at *that* time he was subject only to frequent micturition, and that formerly it was only for short periods, if at all, that he voided any unusual amount of urine. C. K.] His tongue was not coated, but had a pale, flabby appearance, was too thick and very soft; ears almost transparent; pulse rather feeble and too quick. Had been troubled frequently with 'sick headache.' Said that Trow frequently bled him, and it invariably injured him; was always a long time in recovering, and it increased the palpitation of the heart; said he could not take physic for the same reason. Never complained of headache only by turns, when he had what he termed 'sick headache.' Spontaneous vomiting always relieved him. Diarrhœa always followed at such times. I was forcibly struck with the idea that he was peculiarly cachectic—told him I did not understand his case, and advised him to call on you."

The second reporter says, "That a determination of blood to the head was the immediate cause of death, must, *a priori*, be apparent to the merest tyro in medicine." I grant that it was so, *and to none else!* He says, also, that diseases of the heart are "very obscure." This, for his credit, he had better have said forty years ago. It is *not* a difficult matter for some physicians, even in "little Franklin," to form a very confident opinion, in doors or out, that there is "no *important* disease of the heart" (this is the expression I always used), when in fact there is not. And I think it disreputable to "our profession," that an M.D., after having repeatedly examined a patient, and been told better, should still most positively believe in the existence of *such* a disease when and where it did not exist; and still more so that he should persist—but I have said enough, and my sheet is full.

CHARLES KNOWLTON.

Ashfield, April, 1844.

AUTOPSY OF THE HON. JOSEPH GRISWOLD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—we the undersigned, being present at the autopsy of the late Major Griswold, of Buckland, and having subsequently perused Dr. Charles Knowlton's report of the case in Vol. XXI., No. 19, of your paper, and also that of Dr. Trow, Vol. XXX., No. 8, of the same paper,

deem it but an act of justice to say, that Dr. Knowlton's account is strictly in accordance with all we could see and learn respecting the case at the time of the autopsy.

As to the report of Dr. Trow, so far as relates to symptoms presented by the patient when seen only by himself, it must be received with as much confidence as the opinion of each person respecting the reporter's discrimination, fidelity, and veracity, will permit. On this point we do not wish, at present, to give our views; but in regard to what we ourselves saw, we are constrained to say that Dr. Trow's report is erroneous and defective in several important particulars.

The idea of any important disease of the brain, which his report evidently labors to maintain, appears to us to be an *after-thought*. He certainly made no suggestion of any such disease at the time of the *post-mortem* examination, or in the consultation which succeeded it, at least in our hearing, and we were present, we believe, throughout the whole of both. This notion of important disease of the head seems to have supervened, in his brain, since the autopsy demonstrated there was no important disease of the heart; the latter being the opinion we have always understood him to have maintained, in the most positive manner, previous to Maj. Griswold's death.

We have much confidence in Dr. Knowlton's judgment as a physician, and practising, as we do, in the same section of the country, and thus competing with him, we know that *he* scorns those petty tricks, manoeuvres, and disingenuous statements, which *some* resort to for securing patronage and business. Had we, therefore, not been present at the autopsy, we should have received his report with entire confidence, knowing that his regard for truth is habitual and inflexible, and that *his* run of professional business is too well established to need the aid of artifice or tergiversation. In view, consequently, of the uncommon fairness and candor of his report, and of the great difference between the comparative experience of the two reporters, we deem the closing remarks of Dr. Trow as both impertinent and ungentlemanly. Yours respectfully,

STEPHEN J. W. TABOR, M.D., of Shelburne Falls, Ms.
ISAAC L. TOBEY, M.D., of West Cummington, Ms.

April 2, 1844.

TONICS IN ERYSIPELAS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following remarks are submitted to your disposal, with the hope that, at a time like the present, when it is yet undecided whether the physician can control, arrest, or only guide and moderate, disease, any facts relating to so important a question may be received with interest.

ERYSIPELAS has of late occupied a very prominent position in this disputed territory, being thought, by some most philosophic observers, to

have a "definite and necessary course;"* by others, equally exact, to be "most easily broken up."†

The plans of treatment, recommended by the various writers on this subject, often indicate, more directly than their elaborate essays on its etiology, that debility is a common cause of its spontaneous existence; and we find a majority of the best authorities recommending, after depletives, evacnants, &c., the use of tonics in some of the various types which it assumes, and, on the authority of Graves, tonics should be prescribed "in all the stages of the epidemic form."‡ Their beneficial effects, when administered at the decline of the inflammatory stage, are well known, but their happy influence on some recent cases, within my own practice, has confirmed a belief which I had long held, that, to subdue this sometimes consuming scourge, we must almost literally fight fire with fire, and has proved satisfactory to myself that tonics, used in the earlier stage of erysipelas, will have the effect, not only of cutting short its duration, but of expediting convalescence; a system of practice which, if novel, has at least found success to recommend it. Nor shall we be compelled to ask Hahnemann for a reasonable explanation of the cause, why such a plan of treatment should produce such salutary effects. We find erysipelas receiving from various writers as many definitions, all indicating that its *peculiar* characteristics depend upon accidental circumstances, but nearly all agreeing that it is often long preceded by symptoms of deranged general health. We have no reason to believe it specifically contagious in its nature; in this respect it differs from many diseases, inasmuch as it generally attacks only those who are especially predisposed, and is not capable of affecting indiscriminately, like small-pox, all who are exposed to it. It is, however, indisputable, that when a single case appears in our hospitals, all the cases of disease then existing in the wards, however different in character, are liable to its infectious influences; and indeed we find its attacks, in such situations, sometimes "prevailing like a pestilence."§ Our own experience has nearly realized this fact, in the mortality attending the epidemic of last year. Whatever may be its nature as constituting it a disease resulting from too great or too little action in the system, there is no question but it attacks, most commonly and most virulently, such constitutions as are laboring under "direct" or "indirect debility,"|| those reduced by an immoderate use of alcoholic drinks, as well as those whose blood is vitiated by scanty or improper food, or indigestion; those who, by a variety of accidental circumstances, have lost what is expressively termed the tone of the system; and thus, in a *great majority of cases*, it may be regarded as simply *symptomatic of the condition* of the patient, rather than as of itself *constituting that condition*. It is sufficient, however, for our present purpose, if the position be established (and this it hardly needs argument to prove) that in *some cases* the above theory can alone explain its appearance.

Admitting, then, that it is often but a symptom of the condition of the

* Bigelow on Self-limited Diseases.

† Graves and Gerhard, p. 264.

‡ Green on the Skin.

§ Nunnely. Brit. and Foreign Med. Review, April, 1842.

|| Yates and M'Lane.

general health of the patient, we have at once a satisfactory reason, not only why this disease should not always be bound to a necessary course, but we possess ourselves of an important indication of the most expeditious, and direct means, for expelling it from the system. The still undefined nature of processes called *inflammatory*, a term which has been applied to one stage of this complaint, has frequently forestalled, in the mind of the practitioner, the idea that tonics could be employed with advantage, when these appearances of redness, swelling and pain have existed. If these are purely inflammatory, the sarcasm of Abernethy is silenced, and we see inflammation resulting from debility.* A very limited medical experience must prove how intimately connected are these appearances with an enfeebled frame and debilitated habit, while if not promptly checked, they gradually assume a more aggravated form, and become confirmed into specific erysipelas. The quickened pulse, parched lip, hot dry skin, and purpling hue, might demand from a superficial observer the relief of antiphlogistic remedies; but the vitiated humors, serous deposits, and constant tendency to gangrene, indicate the cause of the evil, and it is with the *cause* that the antagonist powers of medicine must grapple. The salt must be sprinkled at the fountain, before the waters can be rendered salubrious; and to enable the erysipelatous patient to derive the desired benefit from the prescribed remedies, we must invigorate the sinking energies by simultaneous stimulation, without which it is to be feared that the "*vis medicatrix nature*," all powerful though it be, would in a majority of cases prove insufficient. This support we have every reason to hope it will be found the part of tonics to supply. That their use is not unadvised, in certain forms of *inflammatory action*, is shown by the fact that, in that peculiar modification of it seen in chronic rheumatism, arsenic is prescribed on the authority of Thompson with success; and, to return to erysipelas, further proof of their efficacy is given in that variety which attacks the inebriate, in whose case it is well known that a continued use of the accustomed *stimulants* is essential not only to rapid recovery, but to life.†

The cases referred to, were as follows:—

I.—Amelia H., 20, single. Plethoric; generally well. March 4th, has felt pain in her face three days; to-day it is swollen on right side, and red. Emetic. Salts and senna. March 5th. Face swelling rapidly; right eye closed; severe pain. Cooling lotions to face. R. Sodæ sup. carb., gr. x., three hours.

6th. Swelling increasing; less pain in evening; pulse 100.

7th. Less pain; redness and swelling very great; thirst; inflammation extending to the left side; delirium; nausea excessive. Gave emetic of ipecac. In the evening felt a great deal of pain in the epigastrium, which was relieved by the pulv. cret. comp.

8th. In the morning the right eye seemed less inflamed. At noon was exposed to a current of cold air. In the evening the face was more swollen and painful than before; a feeling of distress in the head; great weakness; pulse 100. R. Quinine gr. 1-8 every hour.

* Abernethy's Lectures, Vol. I., p. 49.

† Gibson's Surgery.

9th. Passed a good night. Pulse 88, soft; less pain; less inflammation. Increase quinine to gr. ij., three hours.

10th. Head free from pain. Continue treatment.

11th. Feels better. Pulse 84. Magnes. sulph. Continue treatment.

12th. Decidedly better every way.

13th. Pulse 64, soft and regular. Continue treatment.

17th. Discharged well.

II.—Ann G., æt. 9. Subject to attacks of erysipelas, generally severe and tedious. March 11th. It occupies the upper lip, from which it seems to be rapidly spreading. Headache severe; nausea. Gave emetic; senna; calomel and Dover at night.

12th. Less pain; swelling increasing; pulse 140; skin dry. R. Liq. ammon. acet. 3j., three hours. R. Calomel, gr. j.; ipecac., gr. 1-4, three hours.

13th. Erysipelas spreading to the cheeks; eyes closing; skin dry; tongue rough and dry; pulse 120, weak. Omit other medicine. R. Quinine, gr. j., three hours.

14th. Slept well; feels better; redness and swelling less; skin wrinkling; tongue moist. Continue quinine.

15th. Pain and soreness gone from the face; pulse 100.

16th. Better. Discharged convalescent.

III.—Mrs. G., æt. 47. Moderately robust. Subject every winter to tedious attacks of erysipelas, in the hands and arms, which have lasted from three to five weeks. December 15th, found it occupying the right hand, which was red, swollen, painful, blistered; has commonly been relieved by hydriodat. potassæ, in aqua camphoræ. Commenced its use as usual.

16th. No better; swelling and redness extending up the wrist.

17th. Left hand swelling and inflaming. Gave rhubarb and soda.

18th. Extending up the arms to the elbows. Œdema.

19th. Inflammation extending to the shoulders; face becoming affected; severe nausea; syncope and weakness. R. Quinine, gr. j., every two hours.

20th. Feels better; redness, swelling and pain have abated.

21st. Better; paler; skin wrinkling everywhere. Continue treatment.

22d. Still better. Œdema gone. Continue treatment.

26th. Discharged well.

About a fortnight after, she experienced a return of the complaint. The quinine was administered immediately. The next day the symptoms were abating, and rapid convalescence followed.

IV.—A stout boy, four years of age, was suffering from severe inflammation of the eyelid. On the sixth day, erysipelatous symptoms appeared in the affected eye; the next day, the other eye was closing from *erysipelatous* inflammation. Half a grain of quinine was given every three hours. Its extension was instantly checked, and in two days the eyes were clear of every symptom of erysipelas; though the *original* inflammation lasted several days longer.

V.—Mrs. W., æt. 35 ; stout person, but often unwell. Feb. 26th. Attacked with severe cynanche tonsillaris.

27th. Very sick ; stomach irritable ; nausea.

29th. Upper lip erysipelatous. Gave cathartic, and quinine, gr. j. every two hours.

March 1. Erysipelas appearing on forehead, but drying from the lip and cheek. In the evening complained of nausea ; delirious. Continue quinine. R. Magnesia.

2d. A little better in the morning ; erysipelas leaving the lower part of the face, but still severely affecting the scalp. In the evening, delirious, with a tendency to syncope. Carb. ammoniæ.

3d. Free from pain ; very weak. Continue treatment.

4th. Varying through the day ; stronger in the evening. Face improving ; scalp still swollen. Continue treatment.

6th. Less delirious ; nausea ; a little appetite. Omit medicine ; take wine and wormwood.

6th. Heavy perspiration ; better.

8th. Convalescing ; no signs of suppuration on scalp.

10th. Discharged well.

It should be stated that these are not selected cases, but all that came under my observation during the past year, and are mentioned in the order in which they occurred. If in the fifth case the effect of the quinine to jugulate the disease was equivocal, it is still clear that it hastened the resolution of the inflammation in the various parts affected, and prevented the suppuration which commonly follows so severe an affection of the scalp, from occurring at all, though the irritability of the stomach which commenced in the previous affection formed a great obstacle to its efficacious administration.

W. T. PARKER.

South Boston, April 17, 1844.

WOUND IN UTERO—SNAKE-BITES—HAIR PIN IN THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

I BEG leave to refer to an editorial article in the *London Lancet* (No. 17, Vol. 1st, 1843—4) on the "Influence of the sensorium on the organic action of the body," as an introduction to the two following cases.

Wound in Utero.—June 13th, 1842, attended Mrs. L. in her second labor, which was natural and easy. I observed, in delivering the child to the nurse, a bright red spot on the left knee, which upon a closer examination proved to be an open wound, about the size of a half-dime, of a triangular shape, with one line running from it in an outward direction across the lower part of the patella, to the distance of something less than an inch, and another downward on the inside of the joint, half the length of the other. Each of these lines presented the appearance of a recent wound through the greater part of their length ; but at the extremities they were cicatrized. The centre of the wound was slightly depressed. On examining the other knee, I found a perfectly-formed cic-

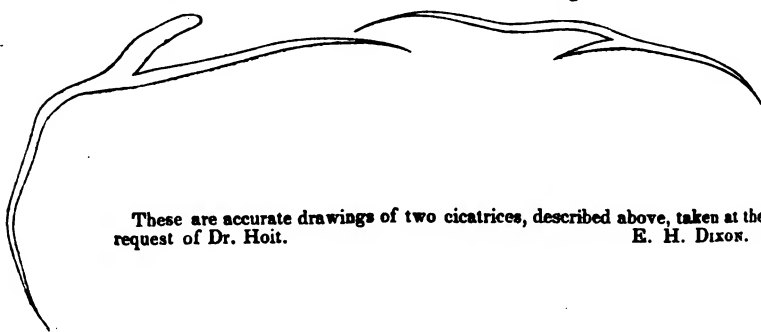
trix, extending in an irregular line across the joint. Five or six weeks after birth I found the wound entirely healed, and the extent of the cicatrices as at first. Calling on the 27th inst. to vaccinate a younger child, I found that these cicatrices had "grown with the growth" of the child, so that each of them was at least double its original length. Dr. Dixon, at my request, made very accurate sketches of these as they now appear. This child also had at birth a small scabby sore near the vertex, and less appearance of hair in that neighborhood. There is now a bald spot in the same place, of the size of a dollar.

Mrs. L.'s present infant, two months old, has a bright scarlet stain of an irregular shape on the middle of the forehead. Both the children are perfectly healthy. The mother, unlike most women, assigns no cause for these appearances, but says, that previous to the birth of the wounded child, when she was between the sixth and seventh month, the older one had an attack of inflammation of the brain—that she felt great anxiety, was much on her knees by its cradle ministering to its necessities, applying ice to the head, &c. As it regards the present infant, she has no recollection of any unusual feeling or circumstance, with the exception of two alarms of fire in her immediate vicinity, when she was five or six months gone.

Both of these cicatrices of wounds (or whatever they ought to be called) *produced in utero*, have more than doubled in length at the present time. *Query*.—Does the cicatrix of a wound in the skin, *made and healed during early infancy*, increase in **EXTENT**, in proportion to the growth of the child?

Left Knee.

Right Knee.



These are accurate drawings of two cicatrices, described above, taken at the request of Dr. Hoit. E. H. DIXON.

In 1827 I attended a lady in labor with her first child, both of whose feet were turned upwards, with the soles towards the face. Before I had seen the extremities, the mother asked, with much earnestness—"has the child handsome feet?" On mentioning the fact of the deformity, the same evening, to an older sister of the lady, she musingly observed, that it was a curious circumstance, for her sister "had been remarkable from her childhood for a propensity to scan the feet of a new acquaintance, with a critical eye, of making it the first and almost sole subject of re-

mark, and that with an earnestness peculiarly her own, and hard to describe."

Snake Bites.—Some time since (I cannot refer to the No.) there was a notice in this Journal of a work on Mexico by a lady (Mad. Calderon?) in which it was stated that the Indians of Mexico had a custom of inoculating themselves with the virus of rattlesnakes, as a protection against their bite, and, I think, of that of reptiles in general. This re-called to my mind the remark I had frequently heard, during my residence in the upper part of Westchester Co., N. Y., that one would "become used to snake bites." The Highlands in that neighborhood are infested with the rattlesnake and red adder; and it is said, that if one recovers from the first bite by one of these reptiles, he is comparatively little affected by a second. A young woman showed me her leg the day after she had been bitten just below the inner ankle by a red adder. There was a redness on the inside of the calf, but very little swelling. She had but little anxiety respecting it, because, as she said, she had been bitten before, and that consequently it was not of much importance. Young dogs, in the commencement of their snake hunting, "fight shy," and suffer dreadfully if bitten; but after recovery they attack with more boldness; and an "old snaker" will dash upon the foe with all the *dogged* valor of a Blucher or a Murat, as though resolved to do, without a thought of dying. Query, *en passant*, for the homœopaths—Should not the bite of a mosquito be a remedy for that of the rattlesnake?

Hair Pin in the Trachea.—In the month of October, 1841, the son of Lt. Gov. Hawley, of Connecticut, aged about 2½ years, then on a visit to the city, was suddenly seized with strangulation and bleeding from the mouth. Being convinced that there was a foreign substance in the trachea, and that probably an angular or sharp-pointed thing (there were carpet tacks scattered on the floor), I informed the family that an operation would be necessary. In a few minutes, however, the obstructing cause appeared to be removed, and respiration become natural. But this state of quiet was soon succeeded by a fit of strangling, and with such alternations the case continued for about thirty hours, when tracheotomy was performed by Drs. Mott and Carnochan, and, to the surprise of all, a *hair pin*, two inches in length, with a head of the size of a common pea, was found and removed. The patient recovered completely.

New York, April 8th, 1844.

MOORE HOIT.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 24, 1844.

*Chailly's Midwifery.**—This invaluable work, by an eminent savor of Paris, having received the approval of the University of France, and been

* A Practical Treatise on Midwifery, by M. Chailly, M.D., &c. Translated from the French, and edited, by G. S. Bedford, A.M., M.D., Professor of Midwifery, &c., in the University of New York. Harper & Brothers. 1844.

constituted a text book in the faculties and schools of that country, has been so highly commended in the European journals on both sides of the channel, that no little gratification will be felt at the announcement of its translation and re-publication here, so early after its appearance. Professor Bedford has done a real service to the profession by the faithfulness with which he has performed his task, not only in the office of a translator, but by the numerous annotations with which he has accompanied the work, many of which are of great practical value.

M. Chailly has long been the favored pupil of the oracle in this department, even in the Parisian schools, the renowned Paul Dubois; by whose instrumentality he was called to occupy the post of "Chief of the Obstetric Clinique of the Faculty of Paris." His extensive experience, as the assistant of M. Dubois in the city, as also in La Maternité, and at La Clinique, render M. Chailly a high authority in this important department. In this work, he appears to have aimed at providing students and accoucheurs with a standard work both for study and reference, exclusively *practical* in its character, and so simplified in its arrangement and details as to inspire a taste for more diligent cultivation of the obstetric art. And though other recent European works on Midwifery have been re-published in this country, confessedly of great merit, yet this volume of M. Chailly cannot fail to be regarded as possessing peculiar claims to the favor of the profession.

The limits of this notice forbid any extended reference to the American improvements of the work, but among the additions made by Professor Bedford will be found one of signal interest to the cause of science and humanity. It is a case of vaginal hysterotomy, rendered necessary by the adhesion of the os tincæ, consequent upon the unsuccessful attempts of a female monster to produce abortion by instrumental means. The history of this case is a sad commentary on the inefficiency of civil and moral police even in a great city, for the prevention of a crime, against which penal laws are included in the code of every civilized nation on earth; and yet openly practised, and even, professed by public advertisements, and by women, too, with almost entire impunity. In this instance professional science and skill preserved both the mother and child, by a surgical expedient the details of which will be found to possess both novelty and interest to the profession.

The book has been produced by the Harpers, in a style very creditable to them as publishers, and is illustrated with more than two hundred wood cuts, which will be found both neatly and accurately executed. We bespeak for it an extensive patronage.

Caucasian and Negro Races.—Two lectures are before us on the Natural History of these two families of man, by Josiah C. Nott, M.D., of Mobile. He says they were written in the midst of pressing professional engagements—without the idea of publication—to be delivered before a popular institution. The essential point, to which he particularly directs attention, is the effects of crossing races, not heretofore sufficiently considered. "My belief is," says Dr. Nott, "that the human race are descended from original stocks, which were essentially different—that these original stocks were placed, by an all-wise Creator, in the climate and situation best suited to their organization. The black man was placed in tropical

Africa, because he was suited to this climate and no other. The statistics of our northern cities show that the proportion of deaths amongst the blacks, compared with the whites, is nearly three to one."

Dr. Nott has certainly brought a vast number of ingenious arguments, and condensed them into a small space—which are pillars to sustain what seems to be a favorite theory with him—viz., that there were two original and distinct lines of men from the beginning. He has no confidence in the Mosaic account of the origin of man. It being inconvenient to transcribe enough of these lectures to show the manner of conducting the inquiry, we must content ourselves with simply copying the author's own synopsis of his investigations.

"1. I have shown that it is proven, beyond a doubt, that instead of one, there have been many creations, and that each successive creation has placed upon the earth entire new genera, and species of animals and plants, different from those which existed before.

"2. I have shown that there is good reason to believe that there have been creations in the Animal and Vegetable kingdoms since the flood of Noah.

"3. I have shown that these facts do not necessarily conflict with the Old or New Testament.

"4. I have shown by historical facts that Negroes existed 4,000 years ago, with the same physical characteristics which belong to them now.

"5. I have shown, that though it may exist, no relationship can be traced between them and Noah's family.

"6. I have shown that all history proves that the Negro never has nor never can live out of a warm climate, or the white man in tropical Africa.

"7. I have shown that the Caucasian and Negro differ in their Anatomical and Physiological characters, and that both written history and natural history prove that these differences could not be produced by climate and other physical causes.

"8. I have shown by Analogies from the Vegetable and Animal kingdoms, that there ought to be different species in the human race.

"9. I have shown that there now exists and has existed, as far as history speaks, a marked moral and intellectual disparity between the races, and that a high state of civilization never has existed in any other than the Caucasian race.

"10. I have shown that there are good grounds for believing that the varieties of men seen in any particular country, and the physical approximation seen in different tribes, originate in the mingling of different races.

"11. I have shown that similarity in language and religion proves nothing.

"12. I have shown that there are strong facts to prove that the Mulatto is a hybrid."

Dr. Dunglison's Introductory.—An introductory to the course of lectures delivered by Dr. Dunglison, in the Jefferson Medical College, having been carefully laid by in a drawer, has unfortunately been overlooked for some weeks. But gold is not changed by time, nor are sentiments like those characterizing this lecture, altered by the lapse of days or years. We cannot give it that attention to which it is entitled, without

drawing too much from the pamphlet, and thus occupying more space than we can well spare.

By the way, the new edition of Dr. Dunglison's *Physiology* seems not to be on sale here. A work taking such rank should be in every bookstore in New England. We have not seen a solitary copy.

Quackery Exposed.—Drs. J. Bennett and J. Lamborn have published a book at Cincinnati, to show the imposition and false pretensions practised in the Medico-Botanical College in that city. They make Thomsonism appear in its true colors. They were students of the institution under the management of A. Curtis, M.D., but ascertained, by experience, that it was utterly impossible to practise medicine with such remedies as they were taught to use. The history which they give of the Trollope Bazaar, now used for the Botanic School, will have a tendency to open the eyes of that phalanx of western dolus, who are duped out of the precious time for improvement, duped out of their money, and made the laughing stock of the community.

National Institute.—Among the medical gentlemen at the first meeting of this new and popular national institution, which has lately held a convention at Washington, was Dr. W. H. Van Buren, of the U. S. Army, who read an essay on the "*Effects of Quinine on the human System as a remedial Agent.*" Dr. J. R. W. Dunbar, of Baltimore, read a paper on "*the importance of Physiology as a Branch of Knowledge.*" Dr. Sewall, of Washington, also read an interesting paper.

Medical Society.—At the annual New Haven County meeting of the Connecticut Medical Society, held at the Park House in New Haven, April 11, 1844, the following officers were elected:

Chairman.—Reynold Webb, M.D., of Madison.

Clerk.—Pliny A. Jewett, M.D., of New Haven.

Fellows.—Jonathan Knight, M.D., of New Haven; Joel Canfield, M.D., of Guilford; Levi Ives, M.D., of New Haven; Pliny A. Jewett, M.D., of New Haven; and Ambrose Beardsley, M.D., of Birmingham.

Committee of Publication.—Eli Ives, M.D., Jonathan Knight, M.D., and Charles Hooker, M.D.

Committee on Credentials.—V. M. Dow, M.D., Joel Canfield, M.D., and Henry Bronson, M.D.

David L. Daggett, M.D., and Levi D. Wilcoxson, M.D., were elected to read *Dissertations* at the next meeting.

National Homœopathic Institute.—On Wednesday, April 10th, the anniversary of Hahnemann's birth, a convention of homœopathic physicians from Maine, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Maryland and Virginia, met at Lyceum Hall, New York, and organized themselves into a National Homœopathic Institution, to meet, hereafter, annually—Dr. Herring, of Philadelphia, in the chair. More particulars will be given whenever a report is published. How did it happen that a very prominent homœopathic practitioner of Boston was not permitted to have a seat in the convention? A central bureau of the Institute is to be at Philadelphia, with a Corresponding Secretary and board of Censors in each of the States, for the examination of candidates.

Leprosy.—This disease is so rife and so fatal on the borders of the Gulf of St. Lawrence, that the Governor of New Brunswick has sent a message in regard to the matter to the Legislature of the Province. It is represented to resemble the leprosy of the 17th century. The house voted £500 for medical aid.

Progress of Phrenology.—Since Mr. Combe left the United States, the Messrs. Fowlers are important pillars on which phrenology rests. They are now the only men in the country who are uninterruptedly devoted to the investigation and propagation of its principles. They are not only men of laborious industry, but thorough scholars in cerebral anatomy and general physiology. The Cabinet collected by these brothers is one of the most curious museums in America. Were it properly arranged, in a hall sufficiently spacious, it would astonish the people. Mr. O. S. Fowler proposes publishing an uniform edition of all his phrenological productions.

Insects in the Ear.—Baron Larrey, during the inspection of Algeria, which he made a short time before his death, used to advise the soldiers to cover their ears well when they slept in the fields, in order to prevent the entrance of insects or the deposit of their larvæ. On one occasion a man affected with intractable otorrhœa was brought to him; he examined the ear, used a pair of forceps, and drew out a white worm, two thirds of an inch in length. The otorrhœa was soon cured.—*Lond. Med. Times.*

Medical Miscellany.—Dr. Jacob Martin, of Washington, D. C., has been appointed Secretary of Legation to France.—The smallpox has subsided at Cincinnati. Seventeen hundred and twelve persons were vaccinated by order of the city. An epidemic erysipelas—generally called at the West, *black tongue*—has reached that city. It has been very fatal at Delhi, a few miles from Cincinnati, for some time past.—Mr. Fowler, in the February No. of the Phrenological Journal, says that the women of New Hampshire have the largest heads and the best forms of any females in the Union.—A woman in her 90th year, at Nantucket, has cut a third set of teeth, and has also recovered her vision.—Two of the Professors of the St. Louis Medical Department have been indicted by the Grand Jury, in consequence, it is said, of the nuisance, out of which grew the recent outbreak in that city.—Dr. Samuel Parkman, of this city, as we learn from Castleton, Vt., is lecturing with great acceptance in the professorship to which he was recently elected, and to a larger class than was ever before assembled in the Medical College there.

DIED.—In South Reading, Mass., of lung fever, Hon. Thaddeus Spaulding, M.D., 52—a skilful practitioner, and a member of the Executive Council for the County of Middlesex. Dr. S. was one of the original subscribers to this Journal.—At Middlebury, Mass., Asa Andrews, M.D., 24—in consequence of erysipelas induced by a post-mortem examination.—In London, Sir Henry Halford, who had been successively physician to three Kings. His name, originally, was Vaughan.

Number of deaths in Boston for the week ending April 20, 41.—Males, 24; Females, 17. Stillborn, 2. Of consumption, 9—suicide, 1—teething, 3—dropsy in the head, 1—old age, 1—abscess, 1—intemperance, 1—scarlet fever, 5—infantile, 2—inflammation of the bowels, 1—lung fever, 2—dropsy, 3—drowned, 1—inflammation of the liver, 1—typhus fever, 1—tumor, 1—croup, 1—disease of the heart, 1—apoplexy, 1—inflammation of the lungs, 1—nervous fever, 1—dropsy on the brain, 1.
Under 5 years, 14—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 5.

NEW MEDICAL WORKS.—We learn from New York, that Dr. Reese, of that city, is preparing for the press, with numerous improvements, an American edition of the work just published in Dublin, entitled, "Medicines, their uses and modes of administration, including a complete Conspectus of the three British Pharmacopœias; an account of all the new remedies, and an appendix of formulæ. By J. Moore Neligan, M.D., of Dublin." Dr. Reese will superadd the U. S. Pharmacopœia to the Conspectus, and numerous critical and practical notes, including everything new and important in recent improvements at home or abroad. It will be published by the Harpers in a few weeks.

Among the new works recently published in London, worthy of reprint here, we have already named Dr. Ridge's volume on Glossology, which is certainly an ingenious and elaborate production, and one perfectly unique. He professes to have reduced the examination of the tongue for purposes of diagnosis to a system. Mathematical divisions of the tongue are here made, and these are described by maps and plates, which are remarkably well executed. Not only does the author describe the laws of fouling and cleaning, as these processes take place upon the tongue, but he claims to be able to point out the connection of certain parts of the tongue with certain organs of the body, so that diseases of structure and function may be diagnosed accurately by examining the tongue. Hence he describes the dyspeptic, febrile, inflammatory, cerebral, rheumatic, pulmonary and cardiac tongue, &c., and he argues that the nature and seat of diseases may be detected and discriminated by cultivating this new science of glossology, even when neither the other physical or rational signs are sufficient for a true diagnosis. There is an earnestness and sincerity of manner in this book, accompanied by a becoming modesty, which entitle the author to respect.

Stafford on Spinal Diseases.—Dr. Stafford, of London, has lately published two essays on Angular and Lateral Curvature of the Spine, and their treatment, which possess great merit, as may be safely inferred from their having taken the Jacksonian prize of the Royal College of Surgeons. It is accompanied with plates, descriptive of the instruments recommended by the author, and reports of cases treated under his observation, which are full of interest to the profession.

Dr. Hunt on Neuralgia.—Dr. Henry Hunt, of London, has just issued a new work on Tic Douloureux, Sciatica and other neuralgic disorders, their nature and treatment. It is distinguished by an ingenious discrimination of the causes upon which these painful and often obscure affections depend, which, if adopted, will be an antidote to the empiricism by which their treatment is too often conducted even by medical men. The author is a learned and practical physician, and his work gives evidence of extensive opportunities for observation, which have been improved with commendable diligence. His observations on the varieties of neuralgic affections, and especially upon their respective treatment, are new and important.

New York State Lunatic Asylum.—The bill relative to the State Lunatic Asylum has passed the New York Assembly. An amendment was added—appropriating to the Hudson Lunatic Asylum the sum of \$5000 annually until 1857, the Asylum to maintain during that time fifty indigent insane persons.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MAY 1, 1844.

No. 13.

SIR HENRY HALFORD.

SIR HENRY HALFORD was born at Leicester, in the year 1766, and in the month of October. The son of a physician, Dr. Vaughan, he may be said to have inherited his profession; to which, by academical courses, performed at Rugby first, and afterwards at Christchurch, Oxford, he added the ornament of extensive classical acquirements; the practical use of which Sir Henry was one of the few men of his day who understood. In 1794, after pursuing for some time his studies in Edinburgh, at that time the seat of medical education, he became M.D., settled in London, and shortly afterwards married into the noble family of St. John. Here was the root of his success; the opportunity for proving his skill; the power of *displaying himself*. Shortly after this, by the death of his mother's cousin, he became possessed of a fortune sufficient to uphold him suitably in that high rank his marriage had won for him. From this moment, Sir Henry Halford enjoyed an extensive practice in the highest circles; and not many years after (1809), taking the name of Halford, from his maternal great-uncle, Sir Charles Halford, of Wistow, who left him his heir, he received the honor of a baronetcy from George III. This led to his appointment, along with Drs. Willis, Baillie and Heberden, to the attendance on His Majesty during his lunacy. He was so much all things to all men, that he had only to enter a circle to be its charm. Once in court, the court found it a necessity to have him. To some other peer, Sir Henry was alike indispensable. To the one he was such a charming, well-bred man! to the other, so learned and gentlemanly a *savant*. Fascinations went with him, as light with the moon. More permanently: for to four successive monarchs has Sir Henry been physician. With a Wolsey's rise, he has had no Wolsey's fall.

The attendance on George III. forced on our classical baronet a study of lunacy, to which we are indebted for his beautiful essay on madness. Good sense, nice discrimination, elegant learning, mark this dissertation with the pervading characteristics of his style. He illustrates, by a very apt instance in his own experience, the test of madness laid down by Hamlet:

—Extasy?
My pulse as yours doth temperately keep time,
And makes as healthful music. It is not madness
That I have uttered: bring me to the test,
And I the matter will re-word, which madness
Would gambol from.

Of Sir Henry's scientific qualifications it may be said, that they were neither of great extent, nor by any means so humble as some report. Our explanation of this may be gathered from the fact of his sudden exaltation into large practice, and that too amongst a class where disease is more of the fancy than of fact, and gives, therefore, less experience in the cases which are constantly calling on all the resources of the medical art, and forcing on the capacious mind large views in theory and bold results in practice. Reason, of a like kind, is, that Sir Henry Halford was never attached (if we except a very short connection with the Middlesex hospital) as medical officer to any of the public institutions. At his time, when pathology was comparatively little understood, such a service gave the only means of making its acquaintance, and was the grand and almost necessary step to high professional competency. Men of high standing, contemporaries of his, had here a great advantage over him—Babington, Baillie, Currie, Warren, Pearson, Chambers, Elliotson, each superior to him in their knowledge of the machinery with which they were dealing, and in that kind of skill, which would wisely suggest and daringly adopt for new exigencies—new and active modes of treatment. It is not, indeed, to be doubted that Sir Henry was no miracle of medical skill. He never dreamed of preceding his age. He was not one of your Elliotsons or Broussais, who, like American backwoods-men, clear away forests and lay down roads, though rough ones. His medical duties extended, at the fullest, but to Macadamizing the road Hippocrates opened. On some parts, even, he showed the most complete deficiency. It would be no great wonder, then, if Halford were not any miracle of medical science; on the contrary, he was known to be not. His diagnosis of diseases of the chest (and cardiac and pulmonic diseases are unhappily too frequent and destructive in our climate), was worth nothing. He has not left behind him a discovery, a new theory, or a considerable emendation of an old one. His Essays—admirable, intellectual, and founded in truth as they are, will serve his fame, infinitely sooner as a scholar or a philosopher than as a profound man of science. Yet, in spite of these evident deficiencies, this favored physician won “golden opinions from all sorts of people:” his approach was hailed, and truly, as the advent of health. He had the art to make patients believe in him as a superior man—to repose a blind confidence in him. He moved, and looked and smiled, and talked them into a creed of his ability. *He was a man*; and manhood, presented somewhat in its abstraction—shorn of its drawback of manner or weakness of nature—is a rarity in this world of ours, never exhibited save to win—to secure homage. His position of adviser and aid gave him an advantage, and he knew how to use it! He *was* the great man to the patient—as every physician is in the hour of danger—and he knew how to make the truth felt. This self-command—this self-apotheosis, if modestly conducted, is a wondrous quality for the surgeon or physician—and still more for his patient. Faith saves physically as well as morally—and to lull the trembling mind to ease, is to stay the heart's rapid pulsations, to allay the blood's fever, and to stop life in its quickening flight with strengthened wings

from the human tenement. The first, the second and the third high qualification of an orator is action ; the first, second and third qualification of a physician is the power of acquiring a proper confidence.

The generality of medical men attach too exclusive an importance to the efficiency of the mere drug. They deal with people as if there were nothing psychical in them. If their diagnosis be correct, they write their prescriptions, and there is a stop to their operations. As we get higher, we find that besides the grains and scruples of this and that drug, men are equally anxious for the care of the mind. If part of the frame be diseased, there is no reason why the whole should not combine against the enemy. This centralization of forces—this use of all the powers at his command, is the highest duty and accomplishment of the physician ; and for the simple reason, that it is infinitely the hardest. It was here that Sir Henry Halford exhibited merit that was not overpaid, even by the fullest extent of his success. For, first of all, he addressed himself to the confidence of his patient, by a perfect self-possession, never tinged with the least shade of doubt or despondency. Then he won his heart by lending ear to his detail of all he suffered ; pains on this side, and pains here and there ; and how painful, and when most painful ; together with an interesting history of this very complaint, in connection with his whole family, and how many had died of it, and so on. During this tedious rehearsal, Sir Henry remained listening, without impatience, not even as one bound to hear, but as if the matters dilated upon were really of importance. Courteous and gentle in his manners, and particularly indulgent to the garrulity of his patients, what wonder if he gained an influence over their sympathies, an authority by which, being possessed of an infinite knowledge of human nature, he was able to sway the disposition of his patient into a happy and healthful mood, at all times half the battle. A high testimony has been recorded in that fact, that many of his patients have been heard to declare, "they would as soon die in his hands, as recover under others they could name." We can believe this saying, without quite believing the sayers. He was the most magnificent placebo doctor of his age. He paid wonderful attention to the palate in drug and diet, passing each through an endless round of variety, and the whole pharmacopœia was exhausted by him to make it not give the sense of pain. Then he conversed on religion, like an Apostle John ; on questions of philosophy, like a Plato ; on the beauties of the classics, like an Erasmus ; and on matters that make up the poetry of life and are indeed the only interests in life that are left to a man in sickness, he was all that the patient's utmost fancy could paint to him as the *beau idéal* of perfection. Desdemona once prayed that Heaven would make her such a man as that Othello's tales presented to the optics of her glowing imagination. Halford went about realizing to each their own picture of a perfect physician. He even saved them a prayer.

In person, Sir Henry Halford was below the middle size. His face not remarkable for beauty, but singular in the keenness of its look ; the searching glance of his eye ; the white head and black and bushy eyebrows. He wore upon occasions a blue collar, with the Guelphic order,

and the star on his breast. A phrenologist would have found in him a strong instance of the truth of his science. The perceptive organs very large; caution sufficient, while love of approbation and acquisitiveness were enormous. Altogether the discerning eye saw in him a timid but a distinguished man. There was marked in his face a wonderful power of accommodation to circumstances; the facility of being pleased and pleasing being the quality expressed with greatest strength in his very speaking countenance. He was born for a Court. His very corporeal littleness seemed to say, I will not occupy too much space before my betters to secure dislike, or before my equals to win jealousy. And when laden with honors, be it said to his credit, he bore them with modesty. Few men so successful in life have been so fortunate in escaping enemies. He owed this to a certain negative quality in his disposition. His very literature and scientific knowledge were of a negative kind. His reading reminiscences supported, did not make theories—his experience illustrated, did not create systems. He verbally served everybody he met, and by that art of vassalage made himself the sovereign of their real affections. He ruled like a clever wife by obeying. Like the proudest of the Roman Pontiffs, he ruled despotically as the servant of servants.

We cite a noble instance of Halford's independence and reliance on his own talents and position. He was attending once an old servant of the family who was residing at some little distance from town. One night the symptoms of his disease became more alarming, and the baronet was sent for in haste. When the messenger arrived, Halford had just been sent for to attend the Duke of ———, who had been seized with an attack of an old complaint. The answer he gave to the Duke's servant was this: "I have to go to Bromley, to visit an old servant of mine, who is dangerously ill; I will do myself the honor of waiting upon his highness the moment I return." This says much for his manliness. Such a man could scarcely have been the servile flatterer many have so studiously made him. We can believe readily that he was not the most straight-forward of men. It would indeed be a great mistake, which would suppose him formed in the mould of a Brutus, or an Andrew Marvell, much less in that of a man who can't be honest without making his virtue a distress and a bore to all that know him. Had he been so, the journals some twenty years ago would have announced his decease as that of Henry Vaughan, "a poor but respectable practitioner, lately residing in Drury lane or Broad street, St. Giles's, and leaving a large family unprovided for to deplore his loss." Sir Henry was a "ladybird" among men, a class the most successful among both men and women known to our humble experience. With the polish of the mirror he had its want of depth, and like it he reflected everything but himself. What a pretty anecdote is that which represents him, by a mistake in the superscriptions, on the same day condoling with the Conservative Lord Westmoreland, and congratulating with the Liberal Lord Tavistock, on the defeat of the Reform Bill! God's creatures were much more to him than man's, when for their personal regard he can express, practically, so utter a disregard of all a Legislature makes such a fuss about. We can *half* admire him

in the midst of this. It was the physician, not the man, that spoke. It was not a hypocrisy, but a good-humored condescension to men less than himself; much of the like character as his attention to the garrulous history of his patients' pain, or perhaps a desire to see with what small matters it was possible to sway the self-prided nobility of England.

Sir Henry died on the 9th of March last, at his house in Curzon street. Long before his death the state of his health had caused among his friends great anxiety. The two extremities in his left side suffered from a nervous affection, frequently recurring, and finally the pains assumed the form of *tic douloureux*, only yielding to powerful narcotics. Despite the cares of Drs. Seymour and Hawkins, the constitution gradually broke up, and exhaustion, the most complete, soothed for him the road to death. He took the degree of A.B. in 1787; M.A. in 1789; M.B. in 1790; and M.D. in 1794, when he was also elected a Fellow of the College of Physicians. He had consequently been in the profession nearly half a century, twenty-three years of which he had filled the high office of President of the Royal College of Physicians.

In now leaving the subject of our sketch to the keeping of the same his own deeds have created for him, we will not disguise our opinion that it will be of no high or very durable character. Though filling so large a space of the public's eye for nearly forty years, he was so much the man of his own day—perhaps the secret of his success—that posterity will not find it worth their while to perpetuate very carefully his remembrance. He had undoubtedly high abilities; but, in his use of them, he looked more to his own enjoyments from them than for any chivalrous advantage to a future time or people. He was only so far a man of science as harmonized with his being a perfect man of the world. His medical skill and successes therefore were more the result of his natural powers of apprehension and extended experience, than any deep acquaintances with the principles of his profession. Chemistry, botany, general and pathological anatomy, therapeutics, or the new aids forced on the profession by the aid of mechanical science, these were things that rarely robbed him of the enjoyment of an hour's sleep—or good society. His strength lay in prognosis and diagnosis: aided by these and the resources of superior tact, he won and deserved a confidence rarely enjoyed by men eminent in medical science. He had a marvellous apprehension of disease.

One instance procured him much of his renown in courtly circles. Visiting a royal duke on business that affected the insane king, he detected at a glance measles, although the duke's slight indisposition had been but a minute before pronounced catarrh. The appearance, course and termination of the malady were foretold. The prophecy was realized, and Sir Henry of course not a little honored. He had a wonderful cleverness of courtiership by the sick bed. He would own that a pained child labored under scarlatina, but "scarlet fever" is what he would never have pronounced to the mother. Under his charitable use of our mother tongue, the mild "embarrassment of breathing" substituted the ominous and hacknied "difficulty of breathing;" the genteel "influenza"

replaced the feared catarrh; and so on in instances more than we can name. This gentleness of nomenclature was accompanied by equal gentleness of prescription. Medicines in his hands were always on their good behavior. Patients got well under Sir Henry at less expense to the palate than under any physician that ever preceded him. He had wonderful skill in the use of placebos, and was fond of their use in his practice. With Akenside he might say:

Me they sent
To wait on pain and silent arts to urge,
Inglorious not ignoble; if my cares
To such as languish on a grievous bed,
Base and the secret forgetfulness of ill
Conciliate.

Altogether viewing him in his civil, as well as his medical, character, we may say of him what Tacitus said of Agricola, and Sir Henry himself said of Baillie:

"Bonum virum facile crederes; magnum libenter."

Abridged from London Medical Times.

HISTORY OF A CASE OF GANGRENE OF THE LUNGS.

By C. A. Pope, M.D., Professor, &c.

H— M—, ætat. forty, a native of Ireland, has lived seventeen years in this country, during which period he has never been sick, nor does he recollect to have ever been much so at any previous time. He has worked as a blacksmith for thirty years. His habits are intemperate. Had a slight cough through last summer, but did not become uneasy about it, until February last; it came on generally at night, suffering very little through the day, with no expectoration, until March, which was small in quantity, and of a white tough character, gradually assuming a bad odor, and continuing to increase in fœtidity. Has never complained of pain, nor spit blood until his entrance; amounting in all to about ten ounces, the hæmoptysis continuing for three days. Previous to going into the hospital, he took some oil and calomel, and, this excepted, he had no other treatment.

April 18.—Pulse 96, small and feeble: respiration, *anteriorly*, on left side, vesicular; on *right* side, under clavicle, cavernous; *posteriorly*, left side, vesicular throughout; on *right* side, feeble, with mucous ronchus; upper third bronchial respiration, with crackling; inferiorly vesicular, but feeble. Percussion on left side nearly natural; on right side, anteriorly, flat over upper half, dull below; posteriorly, the same; gangrenous expectoration continuing, mixed with blood.

19.—Patient walking about; cough less frequent; skin cool; no sweating; tongue natural; expectoration brownish, and still mixed with blood; fœtid; respiration obscurely cavernous, with slight gurgling and pectoriloquy under right clavicle; pulsation of heart stronger.

20.—No appreciable change either in the symptoms or physical signs.

22.—The odor of the breath extraordinary and disgusting; expectoration consists nearly of blood, dark colored, fœtid, eight ounces in twenty-

four hours; skin moist, warm, sweating; pulse 108, soft, regular, rather feeble; respiration 35; no alteration of signs.

24.—Expectoration remarkably increased in *foetor* and quantity, nearly sixteen ounces; this morning admixture of blood; skin pale and *sallow*; slight *oedema*; appetite not lost.

29.—Stronger; skin less pale; temperature natural; pulse 100, feeble, but regular; cough severe during yesterday, less so this morning; expectoration still excessively offensive, being a reddish mixture of serum and blood, and part of a thicker muco-purulent matter, less in quantity and of a lighter color; *foetor* of breath rather less; respiration 38, more easy; gurgling under right clavicle less liquid; amphoric respiration tolerably extensive, of a deep tone posteriorly and anteriorly.

May 6.—Symptoms have gradually decreased until present date; color more natural; no *oedema*; strength increased; *foetor* of breath and expectoration increased after coughing, which is loose and paroxysmal; three stools daily; expectoration five ounces muco-purulent matter; pulse 100, soft, regular; respiration 38, sonorous *ronchus*; amphoric respiration less loud.

8.—Strength gradually improving; expectoration same; signs unaltered.

The treatment throughout this case has consisted in the exhibition of expectorants, astringents, antiseptics, tonics and revulsives, so timed as to meet indications as they arose. Sugar of lead, with opium, to stop the spitting of blood; chloride of sodium, to check putrescence; and the sulph. quin. and arom. sulph. acid, to support the strength of the patient, that nature might accomplish the necessary changes effective of a cure.

It is said, that the mortality of this disease is in part to be attributed to the absorption of a portion of the septic poison. Whether this be so or not, experience shows, that the only remedies which seem to give relief are those calculated to act as antiseptics. Gangrene of the lung often occurs *endemially*; this case, however, seems to be *solitary*.

On the 28th of April the expectoration commenced to lose some of its excessive fetidity, pathognomonic of this disease, and to assume that muco-puruloid character which is to be regarded as a most favorable circumstance, since it is indicative of an effort at circumscription, which, of course, is the only cure.

It will be seen, that the signs yielded by percussion and auscultation have been what we had a right to expect. Those resulting from percussion, however, are comparatively unimportant, as the resonance is generally but little altered in idiopathic gangrene. There nevertheless existed some flatness over the upper half, and dulness over the lower half of the right lung.

Towards the commencement, we had mucous *ronchus*, which, as the tissue of the lung became softened, was replaced by a loud, distinct, and constant gurgling. According as the pultaceous and liquid contents of the cavity were thrown off, amphoric respiration succeeded, which, reaching a well-marked tone, was itself displaced by the cavernous,* as the walls of

* The cavernous respiration in gangrene is not so perfect as in phthisis. In the former, the tissue of the lung surrounding the cavity is unlike the hard thickened substance in the same situation in phthisis, and, of course, is by no means so good a conductor or reflector of sound.

cavity contracted. After his paroxysms of coughing, the sputa are still foetid; this secretion probably comes from that portion of the lung immediately surrounding the cavity, and will require some time for its entire elimination. Should he recover, there may be danger of consecutive pleurisy affecting the sound side; his respiration will not regain its original strength, and from his dissipated habits he may yet die of some pulmonary affection consequent on his present complaint—an idiopathic, circumscribed gangrene of the right lung.

At present, he seems to be regaining his natural color and strength slowly, and probably may add another instance to show that this formidable disease is not so fatal as was once supposed.

Died on May 31st. A large cavity, very sinuous, occupied the summit, front, and side of the right lung. It was flattened, and quite completely cicatrized. *Gangrene had commenced at upper portion of left lung.* No tubercles in either lung.—*St. Louis Med. and Surg. Journal.*

TOBACCO IN HYSTERIA AND SPASMODIC STRICTURE OF THE URETHRA.

By Wm. B. Diver, M.D., of Cincinnati.

IN the American Journal of Medical Science, April, 1842, is recorded a case of hysteria cured by tobacco. On reference to my note-book, I found recorded, Philadelphia, Dec. 9th, 1841, a case of hysteria, in which tobacco was used with the most prompt and beneficial effects. The patient was a servant in a highly respectable family in Philadelphia.

I was called to see her, at first, in a very distressing condition from having swallowed a number of large pins, which I succeeded, after a great deal of trouble, in removing from the œsophagus with Dr. Bond's admirable gullet forceps.

Several weeks after the occurrence of this accident, I was again called to see her in violent hysterical convulsions. The spasmodic contractions were so strong as to require the united efforts of four powerful adults to prevent her being injured. The eyes were forcibly drawn towards the inner canthus, so as to present a case of double squinting. The pupils were contracted to a small point, and the iris was insensible to a brilliant light. The tongue was frequently protruded between the teeth, and severely wounded.

After considerable trouble I succeeded in opening a vein in the arm, and abstracted about sixteen ounces of blood. This was followed by a temporary cessation of the convulsive throes, which, however, returned with increased violence, so that the patient was almost entirely unmanageable.

To prevent further injury of the tongue, and to facilitate the administration of medicine, a cork enveloped in the end of a towel was held between the teeth. Large doses of tinct. opii and tinct. assafoetid. were administered, and attended with but transient effects; the convulsions were

returning again with increased violence. In this stage of the case, finding the ordinary antispasmodics unavailing, I thought of using tobacco. I accordingly ordered a poultice of strong Scotch snuff to be applied warm to the epigastrium. Very soon after this application was made, the spasms began to decrease in frequency and violence, the countenance to assume a natural appearance, and, after six hours of intense suffering, the patient became quiet and rational.

Several months elapsed before there was any return of the symptoms; then, however, the patient was removed from my observation, and treated with the ordinary remedies.

The utility of tobacco in *Spasmodic Stricture of the Urethra*, was forcibly exemplified in a case, several years before the one just related, occurred.

H. E., a respectable mechanic in Philadelphia, after indulging in venereal excess, found himself unable to void his urine. In the course of twenty-four hours the bladder became distended, presenting the elastic tumor above the pubis, which is so characteristic of this condition of things.

After ineffectual attempts to force the stricture with a gum-elastic catheter, and in the absence of a silver one, I applied wet tobacco leaves to the inguinal and femoral regions, with the most satisfactory result. The patient soon began to exhibit the peculiar effects of tobacco on the system; and in a little while the spasm became relaxed, the contents of the distended viscus discharged, and the sufferer relieved.

In order to prevent a recurrence of the symptoms, a catheter was introduced and secured in the bladder by an appropriate bandage.

If any apology is due for bringing these cases before the profession, it may be found in the maxim, "*Palmar qui meruit ferat.*"—*Western Lancet*.

SUCCESSFUL REMOVAL OF A LARGE OVARIAN TUMOR.

By Dr. Frederic Bird, Lecturer on Medical Jurisprudence at Westminster Hospital, &c.

[THE patient, Mrs. ———, was 35 years of age—had never borne children—catamenia irregular for the last ten years—believes abortion once took place. Six years ago, after sudden exertion, was attacked with acute pain in right side of abdomen, where a distinct swelling made its appearance. General health not impaired till beginning of last year, when abdomen also began to enlarge. We copy from the London Medical Gazette Dr. Bird's account of the operation, but must omit his report of the after-treatment, and most of his remarks.]

From the consideration of the symptoms presented, there was no difficulty in concurring in the opinion formerly expressed as to the ovarian seat of the disease; and it was obvious that, unless relief were speedily afforded, life could not long continue. Under these circumstances, I suggested the operation for extirpation as the most advisable remedial means

sure ; the attendant dangers, and probabilities of success and failure, being at the same time fully explained to the patient by Mr. Thomson and myself. Before deciding upon the performance of an operation, subsequent consultations were held, when she had the advantage of the opinions of Dr. Locock and Dr. Hamilton Roe, both of whom accorded in the view previously afforded, and gave their sanction to the measures proposed for her relief.

Twelve days now elapsed, during which time the abdomen increased in circumference two inches, and the general symptoms were becoming more urgent ; the diarrhœa was, however, arrested, and no longer presented any obstacle to the operation.

January 28th.—The operation was to-day performed, in the presence of Dr. Locock, Dr. Hamilton Roe, Dr. Merriman, Dr. Andrews, Dr. Hodgkin, Mr. Bransby Cooper, Mr. B. Phillips, Mr. Hale Thomson, Mr. Tomes, and Mr. Parrott, of Clapham. The same preliminary measures having been employed as in my former operations, the patient was placed transversely on the bed, with the feet supported over its side to a convenient height. It was now remarked that the tumor projected more at the left than right iliac region ; the sense of fluctuation being as distinct at this as in other parts. A roller was applied around the lower part of the chest, with a view of subsequently affording the support to the diaphragm which would be lost by the removal of the tumor ; I then made an exploratory incision, about two inches long, in the course of the linea alba, and a little below the umbilicus. The tumor was, at this point, closely adherent, and its parietes very thin ; so that, in opening the peritoneum, the cyst was also punctured : a dark-colored, firm, but small gelatinous mass, jetted out, and so completely filled up and concealed the aperture, that it appeared as if some secondary growth had formed on the exterior of the tumor. The incision was then enlarged to about four and a half or five inches towards the pubis, the adhesions having been ascertained to be short and general, but yielding to moderate pressure ; and it appeared at least very probable that they might be removed without difficulty. Dr. Locock, who also examined them, readily and fully confirmed in this opinion ; and I then cautiously separated the attachments in the immediate neighborhood of the wound, and was thus enabled to introduce the flat hand between the abdominal walls and the surface of the tumor : by gentle pressure, the adhesions, which were present over the entire anterior surface of the cyst, were detached, and, excepting in one or two points, with but little difficulty. It was necessary to introduce the opposite hand in order to separate the adhesions on the right side, on which they extended lower than on the left. The great advantage of an incision of moderate size was at this stage of the operation especially observed : the greater part of the abdominal parietes still preserving their tense condition, and the subjacent tumor being as yet undiminished, the adhesions, by the introduction of the hand, became extended, and thus more readily gave way before its pressure. A free incision was next made into the tumor, the edges of which were kept in apposition with those of the external wound, and its bulk much reduced by the withdrawal of a consi-

derable portion of its contents. A firm grasp of the cyst was then made by forceps constructed for that purpose, the abdominal incision elongated to about three inches, and the tumor, in a partially collapsed state, very gently withdrawn from the abdominal cavity, the lips of the incision being most accurately and promptly closed by Mr. Phillips. The pedicle was next secured by three ligatures made to encircle different portions: it was then cut through, and, its vessels having been found effectually secured, returned into the abdomen. The wound was closed by several interrupted sutures, the ends of the ligatures secured, cold water dressing lightly applied, a thin roller of linen drawn once around the addomen, and the patient moved, by means of a doubled sheet previously placed beneath her, to a more comfortable position in bed.

Scarcely an expression of suffering was uttered by the patient, who, possessed of much moral courage, bore the operation with admirable fortitude. The pulse, at its completion, was observed by Dr. Locock to be 94, marking an acceleration of only four beats.

* * * * *

March 2d.—It is needless to relate the subsequent reports, and it will suffice to record that convalescence has proceeded rapidly, and without interruption, to the complete restoration of health. The ligatures were removed on the twenty-sixth day after the operation; the wound has quite healed, and, from the contraction that has taken place in the abdominal walls, its cicatrix does not measure more than one half its original length. The whole appearance of the abdومن is natural, there being no longer any flaccidity of its walls, or corrugation of integument in the neighborhood of the wound. Under the use of a generous diet, strength has quickly returned. She has for more than a week quitted her room, and has taken long rides in the Park. The bowels act regularly, and the secretions are healthy. The catamenia, previously irregular, and invariably accompanied by dysmenorrhœa, have been twice present since the operation, normal in character, and unassociated with any of her former suffering, and she is now, in all respects, perfectly well.

The circumference of the abdomen before the operation was forty-two inches; after the operation, twenty-four inches. From ensiform cartilage to pubis, before operation, sixteen and a half inches; afterwards, eleven inches.

Description of the Tumor.—The total weight of the tumor was thirty-five pounds; it was of an ovoid form, presenting a marked projection at the part corresponding to the left iliac region, where, also, the cyst was very thin. The external surface was anteriorly covered by layers of false membrane, varying in density and strength; in some parts thin and easily lacerable, in others more tough, and of considerable thickness. Small vessels, in great number, ramified throughout the surface, but arteries of rather large size traversed the interior, more abundantly supplying the pelvic portion of the tumor. The pedicle consisted of the right Fallopian tube and broad ligament, and contained one large and two smaller arteries. The secretion contained within the cyst presented a peculiar haracter.

STRUCTURE AND DISEASES OF THE EYE.

[We continue our extracts from Dr. W. C. Wallace's Lecture on this important subject.]

I shall now relate a few practical examples of the importance of understanding the structure of the organ.

1. Instead of opening the temporal artery at the proper place, it is often opened after the branch which supplies the eyelids has been given off, so that when the vessel is tied, an additional quantity of blood is forced upon the already inflamed and irritated organ.

2. As the vessels of the iris have no communication with those which proceed from the surface, local bleeding is of little or no advantage in inflammation of this membrane, while decided benefit is obtained by free general bleeding. It was an emphatic saying of the late Dr. Montearth, that one might as well drop water upon an eye affected with iritis, as apply cups or leeches.

3. The greatest anatomical discovery ever achieved, was that of the separate series of nerves by Sir Charles Bell. By the information we have thus obtained, we understand that there are distinct nerves for motion as well as for sensation, and that for correct sensation it is necessary that the particular organ be properly adjusted by the influence of a nerve of motion. We have occasion to witness the importance of this doctrine in the treatment of diseases of the eye. A person receives a blow with a stone, over the supra or infra orbitary nerve; the wound cicatrizes, but vision fails. He undergoes emeses, catharses, vesication, venesection, and every other torment that can be invented, without the least improvement. The cause of the disease is ultimately recognized; the cicatrix, containing, perhaps, a foreign body, is dissected out, the irritating pressure on the nerve is removed, and the patient receives his sight. As some of the branches of the fifth pair of nerves, which is the principal adjuster of the eye, are ramified on the conjunctiva, whatever irritates the extremities of the nerve will as a matter of course irritate the root—the other branches will be affected, and the functions of the sentient organs which they supply, will be impeded. Diseased conjunctiva is an occasional cause of amblyopia, and without attending to the cause, all the strychnine, veratrine, aconitine or delphine in the world, will not remove the disease.

4. Those engaged in ophthalmic practice have frequent opportunities of witnessing that the simple operation of introducing the style for fistula lachrymalis can be performed by few general practitioners. When the style slips out, the patient may go to a number of physicians, who after causing a world of suffering, are obliged to give up the attempt. From the idea that the tears pass to the nostril, the point of the style is pushed inward and pressed against the bone, whereas it seems to be forgotten that the nostrils expand as they recede, and that the true direction of the duct is outward, backward and downward. When the operator knows what he is about, the instrument may be introduced at once and with ease.

5. The operation for strabismus is often unsuccessful from not having

been performed at all. I have often operated where not a single fibre of the muscle or of the tendon had been divided by a former operator, who put the patient to much unnecessary suffering.

6. It is said that more practice is required for the operation for the extraction of cataract, than for any other operation in surgery. On being complimented for his dexterity, the celebrated De Wenzel acknowledged that he had lost a hatfull of eyes before he had learned to extract. In an operation of such moment, where the consequences are light, with all its enjoyments, or perpetual darkness, with its accompanying horrors, the utmost precaution should be used. As if some very extraordinary feat had been accomplished, it is not uncommon, on completing the section of the cornea, to see the knife removed with a flourish, which seals the doom of a fellow being forever, and compels him to pass the remainder of his life in hopeless blindness. The section of the cornea should be made slowly, and unostentatiously, for by suddenly removing the resistance of the investing tunics, the muscles rapidly contract and force out a considerable portion of the contents of the eyeball.

7. When introducing the needle through the sclerotica for the division or depression of cataract, we must observe the course of the ciliary arteries and the termination of the retina. If, as I have witnessed in one case, the needle be introduced too far forward, a vessel may be wounded, the eye may be filled with blood, and may be destroyed; whereas the retina will be injured, and amaurosis probably ensue, if the needle be introduced too far backward.

8. A very simple plan of operating for cataract, consists in introducing a fine sewing needle, through the cornea and pupil, and scraping off the anterior capsule from the lens, which is thus exposed to the action of the aqueous humor, and ultimately absorbed. Yet this operation, simple as it is, is not without its dangers. Without the utmost care the lens will be dislocated. If the needle be passed too far into the body of the cataract, the latter will follow the instrument when withdrawn, and severe iritis, or even retinitis, with total loss of the use of the organ, may be the result.

9. The operations for artificial pupil are often unsuccessful when performed without a proper course of training. Separation of the iris from the ciliary body, seldom succeeds, because the artificial opening becomes filled with adventitious deposition. The operation by incision, either with the scissors or knife, will be of no advantage if proper regard is not paid to the direction of the elastic parenchyma of the iris, or muscular fibres, if you please to call the structure by this name. Excision may fail, if, before cutting off the intended piece of the iris, you are rash in evacuating that portion of the aqueous humor which pushes out and makes the membrane a kind of pouch. The pouch may be easily and cleanly cut off, but if punctured with a hook, the sides will collapse and the excision of the intended portion will be difficult.

In operations upon the eye we hear a great deal about a steady hand. Now almost any person, with a hand which is not paralyzed by the use of tobacco, spirituous liquors or other narcotics, may by attention and practice make his hand as steady as required. It is the business of

every mechanic to fix the material on which he is at work. To keep the pencil from running away, or doing that which is not intended, the painter uses a small stick. Even in writing, we steady the hand by leaning on some part of the forearm and resting on the little finger; and if that is not sufficient, we support it with the other hand. The failures I have seen have sometimes arisen from this source; whereas in neat and successful operations, perhaps without being aware of the fact, the operator has rested some part of his forearm and his external finger or fingers on the neighboring parts; the fingers of the other hand being engaged in steadying the organ. In the simple operation of syringing a lachrymal fistula, the patient will be saved from the pain arising from the shaking of the point of the instrument, by resting the little finger on the nose, and steadying the head and the skin which is about the opening with the other hand.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 1, 1844.

Cyclopedia of Practical Medicine.—This is a production of great merit, edited by John Forbes, M.D., Alexander Tweedie, M.D. and John Conolly, M.D. Messrs. Lea & Blanchard, of Philadelphia, gentlemen well known to the profession, have decided to issue an American edition, revised, with additions by Dr. Dunglison, of the Jefferson Medical College. Its character, therefore, must necessarily be of the highest order. It is to appear in twenty-four parts, at fifty cents only each; forming, when completed, four large super-royal octavo volumes, embracing over 3000 unusually large pages, in double columns. Messrs. Ticknor & Co., Washington street, medical booksellers, will receive subscriptions in Boston.

When it is considered that this great work will embrace three hundred original essays, from sources of the highest authority, we cannot but hope that our medical friends will offer all the requisite encouragement to the publishers. No. I. treats of the exploration of the abdomen; abortion, abscess, abstinence, achor, acne, acupuncture, age, change of air, alopecia, alteratives, amaurosis, amenorrhœa, anæmia, anasarca, angina pectoris, anodynes, anthelmintics, antiphlogistic regimen, antispasmodics, aorta, aphonia, aphthæ and apoplexy.

Diseases of the Chest.—Messrs. Haswell & Barrington, Philadelphia, have just issued a second octavo edition of a good and well-established book, viz., *A Treatise on the Diagnosis and Treatment of Diseases of the Chest—diseases of the Lung and Windpipe, by William Stokes, M.D., &c., with an introduction and numerous notes, by an American Editor.* So well known are the writings of Dr. Stokes, that no effort of the medical press in this country is necessary to increase their circulation. Young practitioners would find this volume a pathological guide, which they

would be unwilling to part with, when made familiar with its intrinsic value. It may be had of Messrs. Tappan & Dennet, in this city.

New York Hospital.—No board of control publishes a more complete annual report, than the Directors of the New York Hospital. During 1843, 1902 patients were received, which, added to 193 on hand at the close of 1842, made a grand total of 2100 persons who received the benefits of the institution the past year. Of this great company, 1239 were cured, 133 relieved, 215 discharged on their own request, 44 discharged as improper objects, 71 went or were sent away, and only 170 died. When the present year commenced, 228 patients were still on hand.

The Hospital's receipts in 1843 were as follows, viz.: from the State, in form of annuity, \$12,500; board of seamen, \$16,159 29; board of patients, \$5,248 15; articles sold, \$233 06; tickets sold to students, \$309; and subscriptions, \$40 00; making \$34,979 50. Expenditures, \$32,271 31, being less than the income by \$2,708 19.

Bloomingdale Lunatic Asylum.—In connection with the Hospital report, is that of the Bloomingdale Asylum, to which Dr. Pliny Earle was recently appointed. In 1843, 195 insane patients were under treatment; of whom 49 were restored, 23 discharged much improved, 7 taken away by friends, 2 eloped, 14 died, and 100 remained to commence the year 1844. The entire income of the Asylum, the past year, was \$35,903 49, and its outgoes \$33,127 46—making an excess of receipts over expenditures of \$2,776 03. It is truly encouraging that neither department is in debt, and both have spare funds to meet any emergency. Dr. Wilson, the late Medical Superintendent, made a short report, which must have been a gratifying document to the committee and patrons in general. He states that the proportion of recoveries to admissions, was, in recent cases, 77 per cent.; and in old cases, 32 per cent. The erection of suitable workshops is recommended, together with increased facilities for amusement, which will, doubtless, receive immediate attention. On the whole, the Asylum sustains a reputation that a home for the insane should have in the great city of New York, and we congratulate the friends of humanity there in having Dr. Earle at the head of it.

Hitzig's Journal of Criminal Affairs.—Those who are curious in such matters as foreign jurisprudence, find an abundant quantum of novelty and excitement in Hitzig's Journal von criminal Sachen—a German periodical. Some very striking details are occasionally found in it, relating to malpractice and the abuse of medical knowledge. Writers on medical jurisprudence in this country appear not to have availed themselves of the important collection of trials, examinations, &c., for precedents and authority, which that publication presents. The legal profession, in some of the cities in the United States, have made an early acquaintance with this Journal, but medical men have too long neglected it. In order to make it particularly serviceable for those in search of rare cases, and extraordinary things, which are no where more numerous or strange than in the criminal courts of Germany, they should possess

themselves of the back numbers for about ten years. Should that meritorious periodical, the Law Reporter, of this city, give an occasional article from Hitzig, it would be read with eagerness. It is possible we may introduce a few translations by-and-by, merely to show the character of the work, and also to illustrate the doings of individuals who are now figuring profitably on our own shores.

Illinois Medical Journal.—A monthly, of sixteen octavo pages, has appeared at Chicago, under the editorial conduct of James V. Z. Blaney, M.D., one of the faculty of the newly-organized school of medicine, of that city. The enterprise should receive the countenance and support of the physicians of the far West. Instead of seeing its pages filled to any great extent from the English journals, we should prize it exceedingly were the articles gathered in the broad field of Michigan, Indiana, Wisconsin and Iowa—from whence a vast amount of useful, new and important information might be collected. Dr. Blaney has our cordial good wishes for his success in the laborious undertaking of conducting a Journal.

Progress of Thomsonism.—On the 29th page of the Botanico-Medical Recorder, is a communication from one H. Sheddon, dated at Coventry, R. I., which is entirely a unique production in several respects. He speaks of himself as being located at Coventry, as a "Thomsonian physician." And further, in speaking of the people of that quarter, he says, "they begin to think that when people die, it is not always the Lord's will, but the doctor's poison. These poisoners have done everything that is dishonorable, low and mean, to stop the progress of Thomsonism in Coventry." No wonder some have risen up in their strength to withstand the tidal wave of such concentrated ignorance and presumption as mark the character of this correspondent's production. But it is chiefly in his poetical light that this man of Coventry is to be noted. With a boldness that brooks no control, and a fervency such as poets feel in moments of ideal exaltation, Dr. Sheddon thus exclaims :

"But after all their foul abuse,
The people love Lobelia juice;
Steam and powders is the cry,
Let us have these, or we die."

He adds—"The first two years of my living in this place, I did not receive one hundred dollars." The wonder to us is, how he ever received anything.

Seton Needle.—Dr. Smilie, whose ingenuity in devising surgical apparatus has frequently been alluded to of late, with much satisfaction, has produced also an ingenious needle for rowelling. It is like the old instrument at the point, but has an eye for carrying the tape towards the point, instead being, as usual, at the stump extremity. It has a handle, by which the lancet-shape blade is forced through a fold of the skin—and the thread being taken hold of by the fingers, the needle is withdrawn. We invite for it the inspection of the profession.

Phelps's Abdominal Supporter.—Mr. Phelps, the well-known surgical instrument maker in Court street, Boston, has completed a supporter, which even those who have most interest in other contrivances admit to be a superior article. In the first place, the front pad really lifts upward, and the peculiar curve of the springs over the hips, unlike any other, maintains a perpetual action in that direction, instead of a horizontal one, so common, and which is objectionable in all cases. Medical gentlemen should give this invention a thorough examination, since mechanical aid is not to be overlooked in the practice of medicine.

Disgraceful Advertisements.—No better evidence of the corruption of the times and the boldness of those who live by imposition, and even crime, could be adduced, than many of the advertisements in this and all the great Atlantic cities. The advertisers seem utterly shameless, besides being thoroughly unprincipled. These shocking specimens of ingenious corruption, under the guise of Samaritan efforts for suffering humanity, are a disgrace to the newspapers, the medium through which the concentrated vileness of a mighty host of depredators on health obtains an introduction to the ignorant community. Look at the advertiser's description of the *Portuguese Female Pills*.—"The combination of ingredients of which these pills are composed, have made them the wonder and admiration of the world." "They must not be used during pregnancy, for though always mild, safe and healthy, they are certain to produce miscarriage, if used during that period." This false caution creates a positive demand for them for the most wicked purposes. And so of a multitude of others which we have neither time nor patience further to allude to. These advertisements are admitted into papers which circulate in families and lie on parlor tables, and the mischief which is done in various ways through their means is incalculable.

Intemperate Physicians.—Happily for society, the old race of tipling physicians has gone out of fashion. Formerly it was one of the common reproaches brought against the profession, that many of the best practitioners were intemperate. If they could be caught while sober, their advice was of the highest value. There is no occasion, in this age of soberness, for watching an opportunity to get medical advice from that class of physicians. In New England, there are a few drinking ones left—laudanum-taking men, perhaps, who vainly imagine that they are securely deceiving the world in regard to their habits, when the fact is, no one is in the dark but themselves.

How disgraceful—and, above all, what a fearful responsibility—to prescribe for the sick when muddled with liquor or stupefied with opium! The public have a vigilant eye on the remnant few of these semi-sober physicians, who must either conform to the requirements of reason and the temperance reformation, or go down in poverty and neglect to that low obscurity to which a moral community will certainly consign them.

Medicine to gain Favors.—Mr. Apthorp, located at the distant eastern station of Varney, at some distance from Ceylon, among other curious

things that have fallen under his observation, states that a young man suddenly died, who, it was strongly suspected, had been unintentionally killed by a Tamul, with drugs given to obtain his favors. He was well in the afternoon, and died in the evening. A few years ago, says Mr. Aphthorp, a Tamul priest, of large property, died suddenly, and it was believed that his untimely end was in consequence of a love potion given him by a woman, which proved to be more powerful than she anticipated. While Mr. A. was from home, at Choracherry, Mrs. Aphthorp was seized with violent indisposition—which he does not doubt had been given her for the same object. The belief in the efficacy of certain powerful drugs to secure personal favors, is very common where he resides.

There are people in this country, making pretensions to the elements of common-sense knowledge, who are not much behind the Tamul heathen in their belief on this point. Some very remarkable developments came out in one of the courts of law in Boston, a few years since, illustrative of the vulgar opinions and credulity of those who might have been presumed to have been brought up in a civilized and Christian country. The case was after this sort. A young man was prosecuted for administering to a young lady, of high respectability, certain drugs, to the complainant unknown, which made her sick. It was mixed in some cordial, we believe, at a confectioner's shop, in the course of an evening walk. It came out, on investigation, that the *unknown medicine* was some of two pulverized nutmegs which had been worn a considerable time in contact with the testes. The recipe for this exceedingly novel love philter, was purchased of a vile old man, who had been richly compensated, it was supposed, for this imposition and moral degradation—all under the specious cover of a medicine for gaining special favors, and the good will of all to whom it should be administered.

American Surgery in China.—Intelligence from the celestial empire assures us that Dr. Peter Parker—whose labors and bold operations were of an astounding character before his late visit to Boston—is more highly valued since his return, than before. All classes of Chinese crowd into the Hospital. No objection is made to the residence of Mrs. Parker amongst them. This is an extraordinary departure from the ancient and long-determined policy, that no foreign female should enter the country.

Cholera in India.—Advices, under date of Sept. 6th, state that the scourge of India, the Asiatic cholera, had raged very violently, and that more than half the population of Vadavitka, near a missionary station, had fled to the villages. Curious as it may appear, neither the missionaries, nor the assistants in their families, have suffered in any degree by it, although the natives died daily last season and this, at the rate of from fifteen to twenty a day, all around them. The awful disease evidently thrives poorly in a cleanly and orderly dwelling; and acts with rapid and destructive energy where filth abounds, personal cleanliness is neglected, and the habitual diet is exclusively a vegetable one.

Medical Prize Questions by the Connecticut Medical Society.—Resolved. That a prize of twenty dollars, or a gold medal of that value, be offered

for the best dissertation from any member of this Society, on some subject to be fixed upon by the Society as soon as the state of the Treasury will warrant it.

Resolved, That Silas Fuller, Eli Ives, and Jonathan Knight, be a committee to propose a prize question to members of this Society, and to award the prize.

The committee met at New Haven, and agreed to propose scarlet fever, for the prize dissertation. The dissertation must be written, and forwarded to the Chairman of the Committee, at Hartford, post paid, by the first of March, 1845. It must be sealed, and have on its cover some motto or device, accompanied by another sealed package, containing the name of the author, and on its cover a corresponding motto, or device, to that on the cover of the dissertation. The Committee will report the successful candidate to the convention of 1845, and award the prize specified in the resolve of 1843. The unsuccessful dissertations, *with their accompanying packages, unopened*, will be returned to any *post office* designated by the author on the cover of the *package or dissertation*.

Medical Miscellany.—A Medical Journal has been started at Montreal, but a specimen number has not yet been received here.—Dr. Samuel L. Metcalf, of Kentucky, has published a work on caloric, in London, that is making quite a sensation.—The London Lancet has come out in a new form, much enlarged, with the name of Henry Bennet, M.D., as associate editor.—At Lucca, there has been a scientific congress, a new epoch in Italy, made up mostly of physicians.—The faculty of physicians and surgeons of Glasgow, have a charter granted them by James VI., which empowers them to prevent any individual from practising in that city, or in the four adjoining counties, without their license.—Quackery, like sin, says an English writer, is very ancient. The income to government from the sale of quack medicines in England, in 1841, is supposed to have amounted to £50,000. Thus the Government, for the sake of revenue, tolerates just what the law declares to be unjust.—Dr. Wm. Gregory is considered a prominent candidate for the Edinburgh University chair of Chemistry, in the place of the late eminent Professor Hope. The election devolves on the Lord Provost and Town Council.—Sixteen cases of smallpox exist at Wheeling, Penn.—Hufeland's Practice of Physic has appeared in a second edition, at New York.—Dr. Paris has been chosen President of the Royal College of Physicians, in place of the late Sir Henry Hallford.—The Cooper prize, established by Sir Astley, of 300*l*. has been awarded this year to a Mr. Simon, for the best essay on the thymus gland.—Dr. Robert T. Barry has been appointed a surgeon in the U. S. Navy.—Twenty-seven medical students were graduated at Kemper College, St. Louis, the present season.

MARRIED,—J. T. G. Leach, M.D., of Lowell, to Miss A. S. Bartlett, of N. York.

DIED,—At New York, Andrew Buckam, M.D., 63.

Number of deaths in Boston for the week ending April 27, 41.—Males, 21; Females, 20. Stillborn, 3. Of consumption, 8—hernia, 1—inflammation of the bowels, 2—dropsy in the head, 4—infantile, 3—apoplexy, 2—lung fever, 4—suicide, 1—epilepsy, 1—scarlet fever, 4—croup, 1—dropsy on the brain, 2—fever, 1—disease of the heart, 1—erysipelas, 2—influenza, 1—teething, 1—old age, 1—dysentery, 1. Under 5 years, 17—between 5 and 20 years, 5—between 20 and 60 years, 14—over 60 years, 5.

Artificial Pupil made in the Superior Eyelid.—In a case of contraction of the orbicular muscle of the eyelid, which had resisted every remedy, even the twice-repeated section of the muscular fibres, M. Gerold resorted to the following operation, which he has been the first to propose and to execute. After introducing a small flat piece of wood, well oiled, underneath the superior eyelid, exactly opposite the pupil of the eye, he made a crucial incision, which completely divided the skin, the muscle, and the mucous membrane. The external skin was then dissected off the four flaps thus formed, and the mucous surface was turned outwards and fastened to the base of the flaps, so that the mucous membrane formed the circumference of the artificial opening. No accident supervened, and vision was restored; the patient wore spectacles as a precautionary measure.

Such intractable cases as the above are of very rare occurrence; still the operation of M. Gerold, which is a most ingenious one, is a valuable addition to science. It may likewise be resorted to in cases of partial or complete paralysis of the third pair, with prolapsus of the superior palpebra. The longitudinal section of the eyelid, which has been proposed in such cases, is evidently a much more objectionable operation; it interferes more with the contraction of the orbicular muscles, exposes a greater extent of the eye to the external atmosphere, and consequently renders the inflammation, which usually follows such exposure, as in paralysis of the seventh pair, much more probable.—*Annales Belges d'Oculistique.*

On Ligature of the Eyelids.—In chronic inflammation of the eyes, with relaxation of the superior eyelid, ulceration of the cornea, and incipient pannus, the success of this slight operation is often surprising. Often the day after it has been performed, the ulcerations are favorably modified, and the vascularity of the cornea and conjunctiva has disappeared. The same remark may be made with reference to other forms of chronic inflammation of the cornea, blepharoplegia, and blepharoptosis. This remedy alone is frequently sufficient to effect a cure. M. Ammon thus describes the operation:—A transversal fold is made in the upper eyelid, and the base of this fold is pierced, by means of a curved needle, with two threads of cotton. The extremities of this kind of seton are then fixed on the forehead by means of a piece of diachylon, the eyelid being sufficiently raised not to touch the globe of the eye. This *suspension* of the eyelid has a double influence. It acts as a derivative, or seton, on the one hand, and, on the other, preserves the eye from the contact of the inner surface of the eyelid, which is often granular, and occasions and keeps up the inflammation. There is only one objection to this operation, it may give rise to erysipelas of the eyelids.—*Idem.*

Guy's Hospital.—On Tuesday, March 5th, Mr. B. B. Cooper tied the external iliac in a man for femoral aneurism, situated directly below Poupert's ligament. Some difficulty arose from the man being so fat and muscular. The operation was completed in about ten minutes. The aneurism was a large one, and had three distinct enlargements, the smallest of which was situated directly under the crural arch; the ligature was applied high.—*London Lancet.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MAY 8, 1844.

No. 14.

FRACTURE OF THE NECK OF THE OS FEMORIS.

To the Editor of the Boston Medical and Surgical Journal.

BE not alarmed, my dear sir, at the caption of this article. I am not about to inflict upon your readers a dissertation upon fractures: sooner would I go into a discussion of the prophecies upon the restoration of the Jews. The continued outpourings from the press afford conclusive evidence that the profession are not satisfied with present attainments upon the subject of fractures, and that the field still remains open for exploration.

It was truly said by Dr. Peirson, "There is a chaos of knowledge upon the subject of fracture; and yet, if an experienced man were to read the record of it all, his very next case of fractured limb might puzzle him."

I shall confine my remarks to fracture of the thigh bone at the neck. I have, in the course of my practice, met with a goodly number of these fractures, and with them my share of doubts and perplexities, both with regard to diagnosis and treatment. Oft have I paused and "wondered what I had better do;" nor am I now prepared to boast of remarkable success in this branch of practice. I can truly say, however, that for the last fifteen years I have engaged in these cases with far less reluctance than in the early part of my professional life; and for this reason, I generally expect a favorable termination without any extraordinary trouble to myself.

In saying this, however, I wish it to be distinctly understood, that to patients very far advanced in years, or with broken-down constitutions, I apply no dressing at all. A large proportion of these fractures occur in females somewhat advanced in life. Such individuals seldom fall from an eminence, because "they are afraid of that which is high." They never mount the upper scaffold to search for eggs; they never climb for cherries, or birds' nests; but they do walk upon the ice, they do tread on slippery places, and these are the traps in which they are most frequently caught.

A fall upon the great trochanter, with force sufficient to fracture the bone, is sometimes attended with so little pain, that the nature of the injury may for a time escape detection.

It was not my intention to have said a single word about diagnosis; but having imperceptibly prepared the way for it, I will briefly state a single

case of mistaken diagnosis and its consequences. We are apt to regard as private property, that wisdom which we derive from our own mistakes; but no matter, I write for the benefit of others.

I was once called in consultation to visit a patient at a distance, who had recently injured the hip by a fall. We found no distortion or shortening of the limb; all the motions could be given to it by the hands of another, without producing much pain—in a word, it seemed like a very slight affair. I directed some application, without any particular dressing, and left the patient. The attending physician lived at some distance, and did not make frequent visits. At the end of twelve days, I was again sent for, and discovered the well-marked symptoms of fracture at the neck of the bone. This took me by surprise, and produced that peculiar and disagreeable feeling which arises from a consciousness of having done wrong. I applied the apparatus, and continued it a long time. The limb retained its position well, but no re-union took place—the patient remained a cripple. I was aware that this was by no means a new case; but it was new to me. I had never seen one like it. I had overlooked the nature of the injury, and omitted to enjoin that careful watchfulness which might have led to a more satisfactory termination.

This kind of fracture is easily reduced, but always requires some sort of dressing to keep the lower portion of the bone in its place. This dressing, or apparatus, whatever it may be, is always productive of more or less suffering during a protracted confinement. The object of this communication is to give to the junior members of the profession, a description of some deviations from the usual method of dressing, which, unless I have been deceived, not only have a tendency to save the patient some pain and the surgeon much labor, but also to render the treatment more generally successful. It was my intention to have sent you my views upon this subject some time ago, but have neglected to do so until a case of recent occurrence has again drawn my attention to it.

The bed is prepared in the following manner. Confine two boards together, making a flat surface two and a half or three feet wide, and six or seven feet long. To the smooth side of this, nail two pieces of joist, of the length of the platform, at a distance from each other sufficient to receive the body of the patient, and a few inches to spare. A bolster is then made of rugs, blankets or carpeting, like the cushion of a sofa without tufts, but of bulk sufficient to be five inches thick when compressed by the weight of the body. This bolster is somewhat wider than the platform, and its edges are confined with needle and twine. Then with a mallet and chisel, cut an aperture through the bolster five inches in diameter, at a point to correspond with the os sacrum of the patient; the edges of the aperture are also to be secured with needle and twine; it is then laid upon the platform and covered with a double sheet.

Previous to using this bed, patients used to suffer from excoriation, and sometimes sloughing upon the region of the os sacrum. It is some work to make this bed, but it saves so much trouble that I always do it.

For counter extension, I use one of Desault's long splints, with Physick's crutch head. A roll of linen cloth, twelve inches long and

one inch in diameter, is made to rest upon the perineum ; at each end of this roll is attached a piece of India-rubber webbing, to be buckled between two mortises under the head of the crutch.

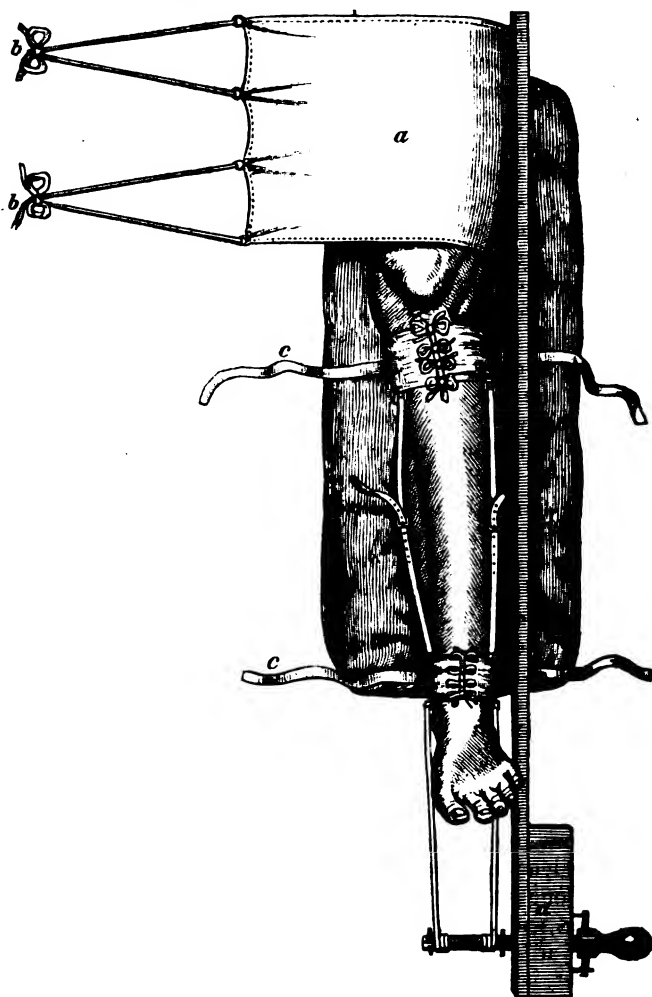
The old method of making extension is decidedly objectionable. This was done by doubling a silk handkerchief from corner to corner, applying the centre to the tendo-Achilles, crossing the ends over the instep, and tying to a notch or mortise near the lower end of the splint. From this part of the dressing there was always trouble with the foot. I have sometimes found, in my consultations, ulcerations from this cause, to such an extent as to render further permanent extension impracticable. Dr. Caldwell, when speaking of Desault's splint improved by Physick, alludes to this circumstance in an incidental manner, as an affair of so little importance that he had well nigh forgotten it. He says, "I ought to have observed that it is necessary to defend the soft parts from the pressure of the extending and counter-extending straps. This is particularly necessary on the *instep*, where the ends of the handkerchief cross each other. It requires *some attention* on the part of the surgeon to prevent this part from being excoriated, especially if it be found necessary to make forcible extension." This remark is so full of truth, that the writer might, without fear of contradiction, have laid more stress upon it ; but the doctor wields the pen of the ready writer, and with it surmounts obstacles with great facility.

In making extension, I adopt the following method. A canvass band, five inches wide, lined with deerskin and stuffed with cotton, is passed round the leg above the calf ; the ends of the band are tied together with four or five tapes on the upper side of the leg. This band may be tied with a good degree of tightness, as it never produces pain. Another band, a little narrower, but otherwise precisely like it, is made to surround the leg above the ankle-joint, to be secured in the same manner. These bands are connected together on each side, with carpet binding and a small buckle. In this manner the extension is divided between two points, and is borne without complaint. The extending straps are attached to the lower edge of the bottom band, are made of narrow India-rubber webbing, and wind upon the windlass at the lower end of the splint. The foot and ankle-joint being left free, we have very little trouble from this quarter.

There is one other difficulty attending this kind of fracture ; that is, a constant tendency in the limb to roll outward. In order to overcome this, I have long been in the habit of applying a swathe. This is ten or twelve inches wide, and of sufficient length to pass twice round the thigh, and half a yard to spare. This swathe is cut in such a manner that when laid flat, it forms a segment of a circle, to make it correspond with the taper of the thigh. A strip across one end, about two inches wide, is spread with adhesive plaster ; this end is made to adhere along the course of the vastus externus muscle ; the other end is then carried over the top of the thigh, and twice round it, leaving the end of the swathe sufficiently long to pass over the other thigh. To this end of the swathe are attached tapes, to be tied to the bedstead on the opposite side. It

may first be tried on the sound limb, that it may be made to take an equal bearing upon every part of the thigh. Whenever it becomes necessary to bend the sound limb, as will occasionally happen, the tapes are detached from the bedstead, and afterwards re-placed.

This is what the lumber men call the "rolling hitch," and it answers the purpose most perfectly.



Notwithstanding this long description, the apparatus is nearly as simple as that with which the dandy applies permanent extension to his pantaloons; and when once properly adjusted, seldom requires tightening, loosening or re-modelling during the confinement. It keeps its place; and very little extension, constantly kept up, is all that is required. Abso-

lute rest is always desirable; by pulling the limb a little at one visit, and twisting it a little at another, we are sure to retard the progress of reunion.

Inasmuch as the success in these cases depends entirely on the dressing, this cannot receive too much attention; there should always be a perfect neatness about it—what the tailors call a *good fit*. A dressing that does not look well, never sets well; if the outward appearance be slovenly, the patient and friends are apt to be fearful that all is not right within; and hence that lamentable lack of confidence with which many a well-meaning practitioner has to contend. The difference between dressing *pretty well* and *very well* seems but little; but little as it is, it frequently constitutes the difference between success and defeat, between life and death. It is said of Dr. Dudley, that his remarkable success in the operation of lithotomy has depended more upon the preparation of his patients, and his minute personal attention to the subsequent treatment, than upon the dexterity with which he performs the operation.

A great variety of machines have been contrived to be used in the treatment of fractures; but very few of these have been derived from practical men, and still fewer of them have ever come into general use. A machine, exhibiting a beautiful combination of the mechanic powers, is one thing; but the application of that machine to a fractured limb, is another and a very different thing. Many a distinguished surgeon bestows a gentle puff upon an apparatus which he never thinks of trying himself. He treats his own cases in his own way; yet he signs one of these recommendations with the same indifference that he would witness a contract for building a bridge or grading a rail-road. But upon the strength of this recommendation, the young surgeon is liable to adopt the new method, and this perhaps in his very first case. Under such circumstances he assumes the responsibility of an experiment, which if unsuccessful may prove fatal to his future progress.

With regard to the time of applying the dressing, there is a difference of opinion among surgeons. Some say immediately after accident; others advise to wait two, three or four days. In deciding this point, the anxiety of the patient and friends is a circumstance not to be wholly disregarded. It is sometimes difficult to convince them that no time will be lost by leaving a broken thigh three or four days without *setting*.

Having alluded to a recent case, I will give a concise description of it, although it was not attended with a single circumstance of particular interest.

On the 19th of February, 1844, Mrs. R., of Burlington, received a fall by a slip of the foot upon ice. I saw her two hours after the accident, and found a well-marked case of fracture at the neck of the thigh-bone. The patient 59 years old, large and fleshy. Directed cathartic and a solution of acetate of lead.

21st, two days after, applied apparatus; discontinued solution and kept everything dry; directed low diet, and prohibited the use of dry bread and cakes, on account of crumbs.

23d.—Restless nights. Had cramp in limbs, but did not complain of any particular part of dressing.

25th.—Patient tranquil. Dressing in good order. From this time to the first of April, I visited once or twice a week—but having had little or nothing to do, have nothing to record.

At the end of six weeks, the dressing was removed; limb of full length, no turning out of the foot. At the end of sixty days she was able to bear a little weight upon the limb, and convalescence gradually progressing.

I have not the means of determining at what period the dressing may be safely removed. I never try the limb until I suppose the bone has had time to unite.

Mrs. Johnson, of Billerica, fractured the bone at the neck, in January, 1831, at the age of 63. The dressing was removed at the end of fifty-five days.

In December, 1834, she met with a similar accident upon the opposite side—in both instances by falls upon the ice. In this case I also removed the apparatus at the end of fifty-five days. It probably might have been removed sooner, for she kept very still. Mrs. Johnson is now 76 years old—is not lame, occasionally walks two miles to meeting, and last year received a dollar a week for nursing the sick.

In surgery, as in everything else, great allowance is to be made for the medium through which a man views his own improvements. In doing this, he is apt to shut one eye, and apply the magnifying glass to the other; precisely as the fond parent views his own children; he always imagines that his daughters are beautiful, and that his sons are fine fellows, and is astonished when he finds that they are not so regarded by others. But upon such matters the community will always decide for themselves, and from their decision there is no appeal. Yours truly,

Billerica, April, 1844.

Z. HOWE.

ON MYOPIA.

By W. Clay Wallace, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Definition.—DISTINCT vision only at less than the usual point.

Causes.—Myopia may be occasioned by—1, too great convexity of the cornea; 2, too great convexity of the crystalline; 3, malposition of the crystalline.

1. *Too great convexity of the cornea.*—"While it is undeniable," observes Dr. Mackenzie, "that in aggravated instances of myopia, the cornea, natural in diameter, may be observed to project considerably above its average altitude, it is also certain, that this conformation is by no means a common, nor even a frequent attendant on the disease.

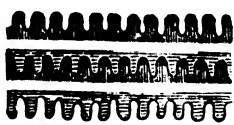
2. *Too great convexity of the crystalline.*—Although unusual convexity of the crystalline probably occurs, Percy and Reveillé-Parise ex-

amined the eyes of subjects who were short-sighted when alive, without being able to observe it. Myopia and presbyopia are sometimes suddenly produced, or suddenly removed—effects which would not probably take place, if the complaints arose from altered configuration of the refractive media.

3. *Malposition of the crystalline.*—For a clear understanding of this, which is the most frequent cause of myopia, it will be proper to inquire into the method by which the eye is adjusted to different distances.

ACCOMMODATION OF THE EYE TO DISTANCES.—This has been referred, 1, by some to alteration of the diameter of the pupil; 2, by a few to muscularity of the crystalline; 3, by a greater number to pressure of the external muscles changing the convexity of the cornea; and, 4, to alteration of the position of the crystalline.

1. *Alteration of the diameter of the pupil.*—As the eye is constructed on the same principle as the camera obscura, it is evident that alteration of the diameter of the pupil can have no greater effect in producing in the eye a distinct image of objects at different distances, than alteration of the diameter of a camera obscura in its adjustment. In the latter instrument the lens is slid, or the screen is shifted backward or forward until the representation becomes distinct. When a person endowed with the usual powers of vision looks at a near object, the pupil is observed to contract; whereas, in a myope, it is almost always expanded.

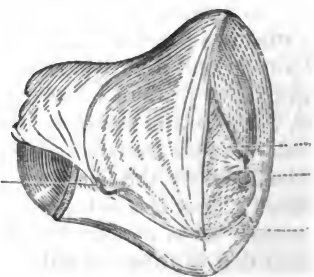
2. *Muscularity of the crystalline.*—The fibres of the crystalline, prismatic in form and brittle in consistence, are totally different from muscular structure; and if they really did possess contractility, there is no point of attachment from which the fibres could act. In a certain species of hawk, the crystalline is a plano-convex, and it is in all animals so exquisitely cut, if I may use the expression, that the irregular corrugation of muscles would produce irregular refraction. In aquatic animals, where the crystalline is dense, the fibres are separated from each other with so much difficulty, that it is not probable they could slide over each other, in such a manner as to produce the supposed effect. Sir D. Brewster has ascertained that in these animals the fibres of the crystalline are hooked or dovetailed into each other by a species of teeth, which would of course prevent any change in the configuration of the refractory medium. In the  manumalia, Arnold has ascertained that the fibres are tubular.

3. *Pressure of the external muscles.*—The external muscles of the eye are solely adapted to move the organ in different directions. If adjustment depended on them, the focus would be disturbed with every motion; but we can look steadily at an object and roll the orbit round the eye, without moving the image on the retina. After the operation for cataract, the muscles and cornea are as perfect as ever, yet the power of adjustment is lost; glasses of different powers being necessary to view near and distant objects. After the operation for strabismus, the eye can be adjusted as well as before it, even when one of the obliqui has

been divided. Operations for the cure of myopia by dividing the external muscles, should be therefore condemned.

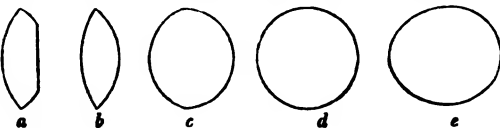
It is admitted that the eyes of all animals are constructed in adaptation to the known laws of the refraction of light ; that rays will deviate from straight lines and be collected in a focus only when they pass from rarer media to denser. Now granting that pressure of the external muscles produced increased convexity of the cornea, rays of light proceeding from an object under water, to the eye of an animal immersed in the same fluid, would not by that means pass to a medium materially denser, and would not undergo sufficient refraction. Increased convexity of the cornea could not be produced in the eyes of some animals, for the sclerotic is sometimes so firm, that no pressure of the external muscles could alter the form of the cornea. In the sturgeon the sclerotic consists of firm cartilage ; and firmness is given to the sclerotic of the sword-fish by a covering of bone.

It is generally asserted that the bony ring at the anterior portion of the sclerotic in birds, can be so compressed by the external muscles that the cornea may be made more convex, and that they are thus endowed with their extraordinary powers of near and distant vision. We would accordingly expect that where the ring is largest and strongest the muscles would be strong in proportion. The bony ring in the owl is, compared with the size of the organ, perhaps larger than in any other bird ; yet there is not a single muscle by which it can be moved. It cannot be drawn against the posterior part of the eye to occasion convexity of the cornea when there is nothing to draw it. Indeed it is difficult to conceive in what manner muscles for moving the eye could be adapted to an organ of such extraordinary power. They would require to be of very unusual size to operate with such a disadvantageous lever. The most probable use of the bony ring is to give firm attachment to the ciliary body.



4. *Change of position of the crystalline.*—This theory was advanced by Kepler, and was supported by Poterfield and afterwards by Knox, yet none of them have fully detailed the method by which it is accomplished.

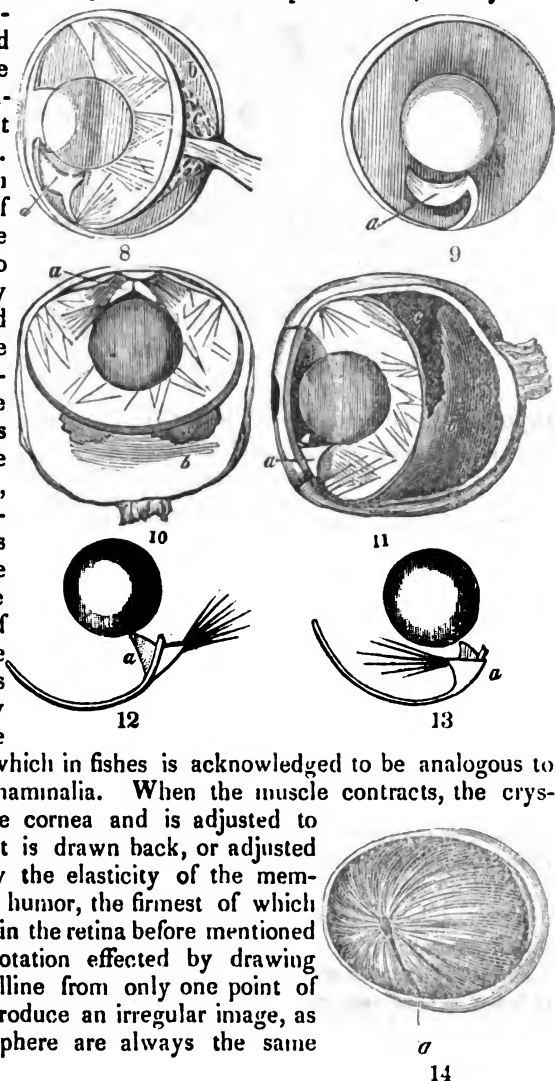
Varieties of lenses.—The form of the crystalline in animated beings is either—*a*, a plano-convex ; *b*, a double convex ; *c*, an oblate spheroid ; *d*, a sphere ; or *e*, a prolate spheroid. When the crystalline is a perfect sphere, there is no aqueous humor ; there is no canal of Petit ; there are no ciliary processes ; nor is there anything like a ciliary body. The sphere is suspended, and kept in position by the membranes of the vitreous humor, some of which pass through the retina,



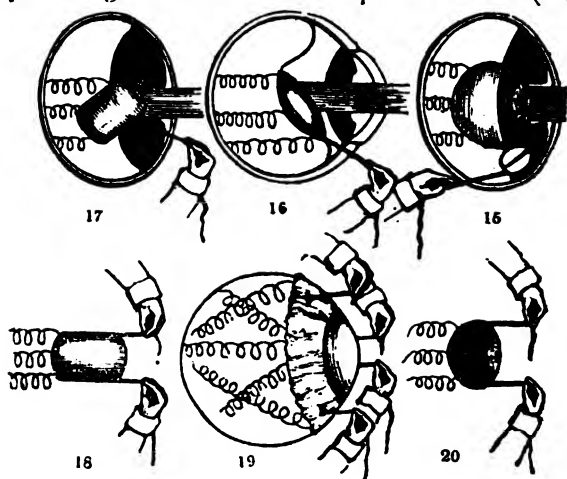
at the line which in these animals divides the lower portion of the tunic, and they are firmly fixed to the choroid.

Adjustment of spherical lenses.—Beneath the spherical crystalline there is a muscle, which though it varies in shape and size, is very conspicuous in the halibut, the dolphin, and the striped bass. In the halibut, lying diagonally across the eye, it is hatchet-shaped (figs. 8, 9, *a*), arising from the lower portion of the capsule to be attached slightly to the uvea, but firmly to the anterior and lateral portion of the membranes of the vitreous humor. In the dolphin (where it is best seen) and in the striped bass (figs. 10, 11, 12, 13) it is triangular, and passes through a loop at the back of the iris, to be attached to some of the membranes of the vitreous humor. This muscle is supplied by a large branch of the third pair of nerves, which in fishes is acknowledged to be analogous to the fifth pair of the mammalia. When the muscle contracts, the crystalline approaches the cornea and is adjusted to near objects; while it is drawn back, or adjusted to distant objects, by the elasticity of the membranes of the vitreous humor, the firmest of which pass through the slit in the retina before mentioned (fig. 14, *a*). The rotation effected by drawing forward such a crystalline from only one point of attachment will not produce an irregular image, as the diameters of a sphere are always the same (fig. 15).

Adjustment of double convex lenses.—As the diameters of lenses of any other shape than spheres would be altered by drawing them forward from only one point of attachment (e. g., figs. 16, 17), there must, when the crystalline is not a perfect sphere, be some other arrangement for ad-



justment, by drawing it forward from more points than one (e. g., figs. 18,



19, 20). This arrangement is found in the ciliary body which does not exist in animals with spherical lenses.

[To be continued.]

VARICOSE VEINS.

[Communicated for the Boston Medical and Surgical Journal.]

THE variety of modes of treatment and the numerous operations which have been devised for the cure of this troublesome complaint, show the difficulty of the subject, and the unsettled plans as to which is the most safe, judicious and effectual method of procedure. Some surgeons condemn any surgical operation as dangerous in the extreme, while others confidently assert that the operation does no good; while among those who believe an operation of some kind feasible and useful, the diversity of opinion is such that out of six or eight different plans, each individual thinks his the most safe, simple and effectual.

That operations on veins are not in some constitutions attended with dangerous phlebitis and severe constitutional disturbance, I am not prepared to deny; but that it is *necessarily* so in subjects judiciously selected, or in a majority of cases which present themselves to the surgeon, I have yet to learn. It is not my intention to discuss the variety of methods of operating, or of their relative merits, but to relate what I conceive to be the most safe and simple. For the suggestion I am indebted to Ricord; although mine differs in some respects from his operation, yet the principle is essentially the same. It is by the subcutaneous ligature. A curved lancet-pointed needle, armed with a strong ligature, is passed *beneath* the vein after pinching it up with the thumb and fore finger; the vein is now let go, but the fold of skin retained, and the point of the needle

passed into the orifice of the puncture and brought out where the needle entered, *above* the vein, and firmly tied.

By this operation the vein alone is included in the ligature, without much pain to the patient, and the subsequent inflammation in those cases where I have tried it has been trifling. As many branches may be surrounded in this manner as the case requires, or as the surgeon deems advisable, repeating it subsequently if the cure is not complete. The ligatures will generally cut through the vein in from ten to twenty days, or may be removed sooner. Some considerable inflammation follows; but in all the cases I have seen, it was limited to a small space about the seat of the ligature, and in one or two instances small circumscribed abscesses formed, which, however, soon healed.

The number of cases in which I have tried this method is eight; two for circocoele, and six for varix of the lower extremities. The cases of circocoele were of long standing, and the number of ligatures used was two in each case. Considerable pain and much swelling of the scrotum followed, but this was reduced by appropriate treatment, and a perfect cure followed. The cases of varix of the extremities were such that the patients were obliged to wear a bandage constantly to keep about. Two had extensive ulceration of the limb. In all, a perfect cure was the result, which has continued to be permanent, as the last case was operated on a year ago, and some of them three years.

I have tried the excision of the veins in circocoele, according to the recommendation of Warren, and Davat's operation with the needle and ligature, and I much prefer the subcutaneous ligature. The first case where I treated the vein on Davat's plan, was a young lady who had been troubled with varix of one of the lower extremities for seven years. The limb was extremely painful, and she could not walk without its being firmly bandaged. A needle was passed beneath the main trunk of the sapheua, and the ligature applied according to Davat's method; four of the branches were also treated in the same way in the calf of the leg. On the fourth day the pain and inflammation were such as to give me much anxiety, though there was little general disturbance of the system; but on the sixth, a severe chill, followed by high fever, and excruciating pain extending up the thigh to the trunk, still further increased my apprehensions for her safety. I bled her, gave a cathartic, and removed the needles and ligatures, but the inflammation lasted several days, abscesses formed along the track of the vein, which were a long time in healing. The result, however, was a perfect cure of the varices, which has remained permanent. The recollection of this case has deterred me from repeating the operation since.

A. B. SHIPMAN, M.D.

Cortlandville, N. Y., April 26, 1844.

TRICHINA SPIRALIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR.—In making an autopsy of a laboring woman who died of latent acute peritonitis, supervening upon the evident symptoms of pneu-

monia of the lower lobe of the right lung, I found more specimens of these curious animalcula. Dr. Jeffries Wyman and I examined different specimens quite minutely. The body called the ovarium by Dr. Farr was distinctly seen in one, and some faint traces of an internal canal were visible in another. They were found in all the voluntary muscles that were examined. But the most curious fact, and what seems apparently connected with them, was an intolerable itching to which the patient had been liable for more than two years before death, whenever she had labored harder than usual. This itching was universal, and was worst after retiring to bed, but it was wholly relieved by a night's rest. There was no apparent disease of the skin to account for this. As I am not aware that any symptom apparently connected with them has ever been noticed, the above fact seems curious. It would seem, *a priori*, that the violent muscular exertions necessary in washing would incommode these animalcula, lying as they do in the midst of the minutest muscular fibres.

Yours truly, H. I. BOWDITCH.

Boston, May, 1844.

AN EXPERIMENTAL FAST.

THE *Gazette Médicale* of Feb. 24, 1844, contains a curious paper by a country physician, entitled *un carême* (a Lent.) He observes, that in Paris Lent passes away unperceived; while in the country the practitioner is often consulted by persons who want to know whether and in what degree they may fast, without injury to their health.

The writer, who appears to have fasted from religious motives, but also as a physiological experiment, kept the Lent of 1839 in the following manner. He arose on the average at 6 o'clock, and ate nothing till 12. At noon he dined; his meal consisting of eggs, fish, vegetables, and dessert, except during the last three days of Passion-week, when eggs are not eaten. At 8 or 9 in the evening he supped on cheese, sweetmeats, and stewed or dried fruit. He did not take milk at this repast, as it is only allowed in some dioceses. Nor did he eat plovers, coots, sea-ducks, or any other aquatic birds, though permitted by the church. As to quantity, he always satisfied his appetite, the fatigues of his profession not allowing him to do otherwise. On Sundays he did not fast, as it is not required. Moreover, he once broke the fast, ten days before Easter. He had passed the night at a labor, from which he had to return on foot, and had the prospect of a hard morning's work before him. A saint, he says, could not have done otherwise. Every ten days he was weighed, and tried his strength by means of a steelyard; he also made daily notes of what concerned his appetite, his digestion, the alvine and urinary evacuations, the genital functions, sleep, and his general state of comfort or discomfort, both physical and moral.

He did the same thing for a month before the commencement of Lent, and a month after its termination. His weight varied but little, being

never less than 60 kilogrammes, or more than 60½. On Easter Sunday he weighed 60½, being exactly as much as on Shrove Tuesday.

A kilogramme = 2 lb. 3 oz. 4 dr. 2.45 gr. Avoirdupois; so that 60 kilogrammes = 132 lb. 6 oz.

The variations in his strength, as measured by the machine, were greater, but did not lead to any satisfactory conclusion.

His appetite was not much influenced by Lent. It failed him now and then, but not so frequently as in the previous or in the subsequent month.

His digestion, in like manner, was about the same, the unfrequent and slight inconveniences which he noted occurring indifferently during Lent or the subsequent month; but more frequently during the previous month, on account of his dining out; for frequent dinings-out he found more difficult to bear than keeping Lent. "You will fancy," he says, "that I was constantly dining out, and be scandalized at it. As a compensation, think of my Lent. Besides, the reputation of us doctors is already fixed, and I have nothing to lose."

It is said that lenten diet is heating, *i. e.* constipating, and much more so when combined with total abstinence. This the author found to be true. From Jan. 13th to Feb. 13th, being the month which preceded Lent, only three days passed without a stool; and only two in the month which followed Easter Sunday; while there were nine during the forty-six days of Lent. This was not alarming, and he did not suffer from it; but he is aware that in many persons the constipation thus produced is much more obstinate, and consequently much more inconvenient. In his case, the influence of diet was modified by exercise in the open air, the necessary attendant upon his profession.

The contrary state, or diarrhœa, occurred twice, each time for a day, in the month which preceded Lent; once during the month after Easter; and never during Lent. On one day he had two stools, which is unusual with him; and occasionally slight colic from the use of prunes.

His sleep is generally good, but was less so during Lent. It was disturbed or broken nine times during the month preceding Lent, nine times during the month after Easter, and nineteen times in Lent; and as he had less to disturb him in Lent than the preceding month, he very reasonably supposes that the diet had some influence.

"Sleep is subject, as every one knows, to strange aberrations, particularly if a man lives continently; and I did so. It was by this that I sought to measure the aphrodisiac power attributed to fish. For occurrences of this kind my notes give me the number 5 during the thirty days which preceded Lent, 5 during the thirty which followed it, and 6 during the forty-six days of Lent itself. Hence I found myself in Lent rather below what I consider my normal state in this respect, though I ate a great deal both of sea and river fish. So that to judge by my personal experience, the prolific power attributed to ichthyophagous nations by Herodotus and other historians, and also by physicians, would seem very problematical."

The conclusion which he drew from the sum of his sensations was,

that lenten diet, even of the best kind, is a poor thing for a man accustomed to eat meat. Fasting, i. e., total abstinence, is still more weakening. The latter part of his mornings (particularly after 10 o'clock, his regular breakfast hour) passed away in great discomfort, in a sort of torpor, dulness and sleepiness, which he found it difficult to struggle with, in spite of the presence of patients. At that time, too, and, in a less degree, during the whole day, he felt himself more sensitive to cold than usual. Putting aside total abstinence, which he seems to have observed only that year, and passing over some very few infractions, he kept Lent, he says, for seven years running.

As he supposes that his *cher confrère* at Paris has not many patients who consult him about keeping Lent, he sends him this narrative as an experiment on a particular kind of diet. He thinks that the ancients knew more on this point than we do, and that the majority of practitioners are reduced to the mere notions of cooks, about eel being heavy, and haricot beans flatulent. Others have got beyond this, and will tell you confidently of some very few aliments which have been analyzed, that they are nourishing, or not nourishing, seeing that they contain such or such a proportion of azote. Yet, in spite of these analyses, the peasant and laborer, though fed upon something declared not to be substantial, can easily carry weights, which the citizen gorged with azote could not lift. "Doctors, give up your whims, or let the workers in science divide their toil; and while some penetrate into the very bowels of nature, let others take up a mode of observation more extensive, though less deep, and just inform us of the action of substances on the organs of man."—*London Medical Gazette*.

BELLADONNA IN DYSMENORRHEA AND NEURALGIA.

DR. GOLDING BIRD, at a late meeting of the London Medical Society, said he would make some practical observations on a subject which had been mentioned some time since, the treatment of dysmenorrhœa, and for which the president had recommended veratria frictions over the loins. It is a very frequent complaint among unmarried women, so much so that Dr. Bird believed that every third case among them in practice was one of this malady. He was of opinion that an irritable uterus was connected with the various pains and aches which young people suffer from. The plan of treatment which he was about to recommend, was certainly empirical, but it was also very successful; he had received it from his brother, when he was attending the practice of Dr. Roe in the Westminster hospital. In treating these cases, he drew two distinctions founded on the seat of pain. In the first, there is experienced more agonizing pain at the lower part of the abdomen, just over the situation of the uterus: in the second class, the pain is felt across the loins, and there is a decided variety, where the pain is a compound of both. The first of these is the most intense, and the most frequently met with. He (Dr. Bird) has seen a lady roll off the sofa on to the ground in her agony of

suffering. In cases where the pain is seated over the region of the uterus, in the lower part of the abdomen, he has given the belladonna internally, taking care that the extract is properly prepared, and has invariably found it successful; great relief is experienced at the next menstrual period; greater still at the succeeding one, and a cure is finally accomplished. The mode of exhibition must be modified according to the temperament of the patient. In young women, of a pale leucophlegmatic habit, with a pallid or chlorotic face, it should be combined with the sulphate of zinc, in the proportion of five grains of extract of belladonna to twenty grains of the sulphate of zinc made into twenty pills, one to be given every two or three hours, immediately on the accession of the pain at a menstrual period, until the pain ceases. For girls of a plethoric habit, with a red face, the extract should be combined with ipecacuanha, in the proportions of five grains of extract to ten grains of ipecacuanha, made into twenty pills, administered in the same manner as the preceding. The previous treatment should consist in clearing out the bowels, improving the general health, and removing cachexia, and an aperient of castor oil or olive oil should be given before the occurrence of the menstrual period. This treatment is to be repeated at each menstrual period, and will always effect a cure if there be not any organic disease, and the dysmenorrhœa be unattended with the discharge of shreds of false membrane. By removing the irritable condition of the uterus, and curing the dysmenorrhœa, the pseudo-pleurisies and pseudo-peritonitis, for which bleedings were formerly, unfortunately, so largely practised, will soon get well. The cases in which the pain is seated, chiefly in the loins, do not yield to the employment of belladonna. This Dr. Bird considered was owing to congestion of the uterus. Fortunately the cases that are remediable are the most frequent.

Mr. Pilcher mentioned that he had tried belladonna in certain cases of neuralgia of the face, but not with the satisfactory result he had been led to expect. This he thought might have been owing to the bad preparation of the drug. He had since turned his attention to the exhibition of quinine, with which he had successfully treated two cases of neuralgia of the face and breast. Some years ago he gave a nephew of his, a boy six years of age, then laboring under a severe attack of pertussis, a combination of the extract of belladonna, with ipecacuanha, in the proportion of a grain of the extract to half a grain of ipecacuanha, three or four times a day, with marked benefit, the paroxysms being materially shortened, and great relief afforded. No narcotism was produced. In another case, that of a delicate little girl, it also afforded relief, but it produced dangerous symptoms of narcotism, and it was consequently given up. He had directed it in several cases of tic douloureux, but it had not produced the effect he had anticipated. In the case of a barber's clerk, whose health was much broken by neuralgia, caused by a decayed tooth, which had long since been extracted, he had prescribed a combination of three grains of quinine and a quarter of a grain of morphia every four hours, with very great relief. He had seen the man only twice, and he had not had any pain for forty-eight hours. In the case of a woman, also suffer-

ing from a similar affection, the same combination and smaller doses had afforded great relief. In neuralgia of the breast, where quinine fails, he had found benefit from Batty's liquor cinchonæ.

Dr. Waller observed that Dr. Bird's recommendation of belladonna in these cases should not be lost sight of by him. He had been in the habit of prescribing it in such cases by itself with advantage, but could not effect a permanent cure. He had also employed the extract externally, spread on leather, with a rim or margin of adhesive plaster to make it adhere. In painful dyspepsia, gastrodynia, he had been in the habit of prescribing it with benefit. In one very obstinate case he had combined it with large doses of Scheele's prussic acid. He had also ordered it in cases of anomalous pains, of which he could not well tell the origin, and in one case in particular he had made a lucky hit, for he could not call it anything else. An old lady, who had a curious pain at the back of the shoulder, from which she had been suffering for several months, was relieved by it in forty-eight hours. He thought the distinction drawn by Dr. Bird with respect to the seat of pain in dysmenorrhœa, a very important one; in cases where the pain is felt principally in the loins, he had found more benefit from the application of leeches inside the vulva than from anything else.—*London Medical Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 8, 1844.

Ethnological Inquiries.—In London there is an organized society, which takes cognizance of all discoveries in ethnography. From the minutes of their doings, however, the members seem not to have accomplished a single important labor. Travelling gentlemen forward descriptions of families of men they may have visited in remote parts of the globe, and the Secretary, doubtless, records very correctly the regular transactions of the learned body.

All that strictly belongs to ethnography in the United States, is conducted by a single individual, who alone has accomplished more, we are inclined to think, to excite surprise, and to urge on to future exertions in this interesting study, than the combined labors of all the members of the London Society together. Dr. Morton, of Philadelphia, is the man. He has finally brought to a conclusion a series of researches on the ancient Egyptians—the builders of the pyramids—which is destined to produce a sensation in high literary and scientific circles.

It is hardly an appropriate place, in a medical journal, to discuss the merits or intrinsic value of a treatise purely devoted to ethnography. Still, it is a proud circumstance, that one of the profession, extensively engaged in the active rounds of medical practice, has so improved the little leisure that occurs, as to produce a great work on an important subject, which is calculated to impart essential light, if it does not solve a grand problem in regard to the early inhabitants of the Valley of the Nile. Who were the constructors of the colossal monuments of ancient

Egypt, that have defied the elements, the physical revolutions of the earth, and the ruthless hand of successive nations of barbarous men, for upwards of three thousand years? Dr. Morton has answered the question. He has examined the skulls of the people themselves, and shown by those unerring rules which science long since revealed, that they were Caucasians. They were not a race of Negroes, as was once supposed. Dr. Morton has proved, by incontrovertible evidence, that his deductions are legitimate, and that no future ethnographical inquirers in the same department of science can undermine the positions he has assumed, or the truths he has been the first, perhaps, extensively to develope.

The Blood in Diseases.—Drs. J. F. Meigs and Alfred Stillé have translated "*An Essay on the Blood in Diseases, by G. Andral*," which has recently been published at Philadelphia, by Messrs. Lea and Blanchard.

Pathological hæmatology is that branch of the natural sciences, says the author, the subject of which is the blood. About a century ago, he observes, one Thomas Schwenke, a name now hardly known even to men of extensive research, wrote, under the title of *hæmatology*, a treatise on the blood, considered in the condition of health and sickness; but till M. Andral completed the work under consideration, no one has written so minutely or learnedly on this curious topic. The book of which we are speaking is a thin octavo, of genteel exterior, having but 129 pages. It may, therefore, be quickly read—an object of some importance in this bustling age. There are two chapters. The first regards the best method of pursuing the study of pathological hæmatology. The second is devoted to the blood in diseases: in plethora; in anæmia; in pyrexia; in phlegmasiæ; in hemorrhages; in dropsies; in organic diseases; and in neuroses. For sale by Ticknor & Co.

Cyclopedia of Practical Medicine.—Part II. of this valuable work, revised by Dr. Dunglison, is now ready for distribution, embracing articles of great value to medical practitioners. The dissertations and papers under the letter A are concluded in this No., and also one essay under B. As this publication deserves a good circulation, those who have not particularly informed themselves of its character and practical value, should examine specimen Nos. for themselves.

A Medical Almanac.—Some months since, preparation was made in New York, by Dr. C. A. Lee, for bringing out a medical almanac, something like the one formerly conducted by ourselves, it is presumed. It is possible that the multiplicity of literary labors with which Dr. Lee is identified, may have interfered with his intentions in regard to it. However, when it appears, we shall be sure that it is well prepared, since he does nothing at the halves.

We have had considerable experience in the drudgery of compiling such an almanac, having gone through with it several years in succession. The sales of the work were always active, and copies were sought even by gentlemen in Europe. But owing, in a measure, to the misfortunes of publishing houses from about 1837 to 1842, when the pecuniary affairs of the country were exceedingly embarrassed, we did not realize a sufficient

compensation for our efforts in compiling the materials, to warrant a continuation of the series annually, as at first contemplated. Happily, the country is now in prosperity, and no class of merchants appear to spread their sails to the popular breeze with more confidence than the publishers of books. Under this favorable aspect of affairs, then, we not only anticipate the speedy and successful advent of the new medical almanac, but a multitude of other publications, in all the arts and sciences, calculated to diffuse knowledge and increase the amount of human happiness.

Treatise on Operative Surgery.—A very elegant and excellent quarto volume, on surgery, containing four hundred and eighty-six lithographic illustrations, by Joseph Pancoast, M.D., of Philadelphia, from the press of Carey & Hart, was received too late for an extended notice this week. We know the eminent qualifications of the industrious author, and therefore anticipate a high degree of satisfaction in the examination of a work which will perpetuate his name to future ages.

Dr. Perkins's Lecture.—When the spring term of lectures opened at the Castleton Medical College, the last of February, the President of the institution, Dr. Perkins, delivered an introductory discourse, which has since been published by the students. It is distinguished for good, plain common sense. After explaining the use and objects of anatomy, physiology, chemistry, general pathology, the practice of medicine, materia medica, obstetrics, medical jurisprudence, &c., he judiciously announces to the students what they have to do—what is expected of them. With equal plainness, Dr. Perkins speaks of the faculty, their relationship to each other, and their duties.

Restored Vision.—A remarkable case of perfect restoration of vision, after a total blindness of many months, has been brought to our notice within a few days, which reflects the highest credit on the skill of Dr. Davenport, of this city. The patient had been dreadfully injured by an explosion of powder, which wholly destroyed one eye, and so deranged the other that no encouragement had been given, before he fell under the cognizance of this gentleman, that light would again shine in upon the retina. Owing to extensive inflammation, the pupil was obliterated; and no one less ardent or devoted to the interests of his profession, would have indulged a hope of opening a new window through the thickened, semi-transparent tunics of such an eye. A new pupil was formed—and, lo! a cataract was found. Dr. D. couched the unfortunate man—and, to their mutual delight, vision was restored. A beautiful colored drawing has been executed, illustrative of the external appearances before the operation, which should be published for a guide in similar cases. We are expecting the details at a convenient time.

Tooth Extractor.—Dr. Edward Maynard, of Washington, the Junior Editor of the American Journal and Library of Dental Science, in his lively and instructive "Gossip" in each number of that invaluable periodical, has many useful hints and suggestions respecting the practice of

dentistry, some of which have formerly been copied into this Journal. The following is from the March No.

"Much diversity of opinion exists respecting what is the proper shape and curve for the hook or claw of the key instrument for extracting teeth. Some advocate the claims of a section of a circle, some prefer a section of an ellipsis, &c. We have one (the *only* one we ever saw), copied after the eagle's claw, which, with a little greater curvature, we made it to resemble as nearly as we could and adapt it to its shaft. To prevent its slipping sideways, we filed the point so as to make it an edge one-sixteenth of an inch wide, and then divided this edge into two points, the dividing notch being about one-twentieth of an inch deep. We like this hook greatly :—because, 1st, it may be applied to a tooth at any point of its side, so as to *rotate* the tooth (an effect sometimes desirable) at the same time that it is rising from its socket, and turning toward the shaft of the instrument. 2dly. It may be applied without much displacement of the gum, thereby lessening the amount of suffering from the operation. 3dly. It has just enough metal, and in just the right place, to be strong enough without being clumsy. Supposing our hook to be an arc, its chord, measuring from the points to the centre of the hole, is about three-fourths of an inch in length, and its versed sine, measuring to the inside of the hook, about half an inch."

Willoughby Medical School.—Henry H. Childs, M.D., late Lieut. Governor of Massachusetts, has been appointed Professor of the Theory and Practice of Medicine in the medical department of Willoughby University, Ohio, and accepted the chair. Dr. Childs is a veteran in medicine, and extensively known for his medical acquirements as well as excellent social qualities.

Medical Miscellany.—Scarlatina is represented to be raging fatally in some parts of South Carolina.—The smallpox is raging at Porto Cabello.—The Boston Medical Association met on Monday last—the annual meeting for the transaction of business.—Mrs. Wakefield, of Cumberland, R. I., had three sons at a birth, a few days since, who are all doing well.—Surgeon Pinckney, U. S. N., has arrived from Carthage, bearer of despatches for Government.—Dr. Grant and Dr. Savage, in Africa, Dr. Cragin at Surinam, and Dr. Parker in China, are extending the fame of their country by their skill, learning and benevolence.—Some surgical instruments have lately been dug up at Pompeii, which are much like modern ones used in lithotomy.—Two courses of lectures are now going on in New York—one at the Crosby-Street School of Medicine, and one at the Hospital; both are fully attended—about eighty students.

Erratum.—In No. 10 of this Journal, in the list of graduates of the Jefferson Medical College, the name "Azariah S. Shipman" should have been printed Azariah B. Shipman.

Number of deaths in Boston for the week ending May 2, 37.—Males, 15; Females, 22. Stillborn, 7.
Of consumption, 6—intemperance, 2—marasmus, 2—erysipelas, 1—fits, 1—dropsy, 1—scarlet fever, 5—paralysis, 1—accidental, 1—inflammation of the bowels, 2—disease of the heart, 1—cancer, 2—lock-jaw, 1—debility, 2—croup, 1—lung fever, 1—inflammation on the brain, 1—worm fever, 1—old age, 2—child-bed, 1—dropsy in the brain, 1—typhus fever, 1.
Under 5 years, 10—between 5 and 20 years, 6—between 20 and 60 years, 14—over 60 years, 7.

Extreme Atmospheric Heat.—I have heard fifty places picked out as the hottest in India, but Calpee certainly was always one of them. Heat to the human constitution and feelings is a relative term. Dr. Clarke mentions the heat of his marches near Jerusalem; he states the height of the thermometer at 102 Sechem. I have been encamped, with a considerable force, in the "merry month" of May, on the sands of Mynpooree, in the Doab, in excellent tents of double flies; yet in spite of tates, for there was seldom a breath of air, the thermometer rose daily to 125. I have, on horseback, hunted wild buffaloes at midday in the same month, amongst the rocky wilds of central India; but I have never felt any heat that could for an instant bear comparison with that of the latter end of June at Calpee. On a cloudy obscure day it stood at 145 degs. In the shade, even to a stager like myself, the temperature was awfully sickening; and so fierce that, long after sun-set, I was compelled to forego my constant practice of sitting out in the open air. At half an hour after sun-set, the mercury stood at 150 degs. in the open air in the square of the cotton of go-downs. At ten o'clock at night, after endeavoring to obtain relief from a couple of well-filled mussucks, the air (when my body was somewhat cooled) was still so heated, that I felt as if I had been quietly immersed in a hot bath.

During the season, several natives died of the *coup de soleil*. One drummer, with two young women, fell dead from this cause within a few miles of the city. The native remedy is unique: the patients (if it can be thrust down their throats) are compelled to swallow a mixture of unripe mangoes roasted and pounded with salt moistened with water.—*Travels in Upper India, by C. J. C. Davidson, Esq.*

Frederick the Great's Antiphlogistic Regimen.—Zimmerman, in his narratives of his interviews with Frederick the Great, of Prussia, says, "To-day the King had taken a great quantity of soup made as usual of the strongest gravy drawn from the most healing things. With his portion he mixed a large table-spoonful of pounded mace and pounded ginger. He then eat a large slice of beef stewed in brandy. This he followed up by a copious allowance of an Italian dish, composed half of maize flower and half of parmesan cheese; to this is added the juice of garlic, and the whole is fried in butter till it acquires a crust as thick as one's finger. This favorite dish is called *polenta*. At length (continues Zimmerman), the King, praising the excellent appetite which the dandelion had given him, concluded the scene with a large plate of eel-pie, hot and highly seasoned. While at table the King fell asleep, and was seized with convulsions.—*London Medical Gazette.*

Hydropathy in France.—Upon an application being made to the French Government for permission to open an hydropathic establishment in Paris, the government referred the subject to the French Academy for their opinion. The following are the conclusions to which the Academy arrived, after mature consideration:—"1, That hydropathy is a dangerous therapeutical method, which does not rest on facts; 2, That its theory is chimerical; 3, That it is in disaccord with our chemical and pathological doctrines; 4, That the Academy cannot in any way approve of it; 5, That the use of cold water has been long in the domain of medicine, and submitted to rules."—*Times.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MAY 15, 1844.

No. 15.

DR. WALLACE ON MYOPIA.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 278.]

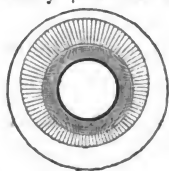
STRUCTURE OF THE CILIARY BODY.—There is some obscurity in the descriptions of the ciliary body. Some term the whole arrangement the ligamentum ciliare, the orbiculus, annulus, or circulus ciliaris; while others confine the term ligament to the white ring which connects the ciliary body to the sclerotica. Some have supposed the ciliary body muscular; others have described it as ligamentous, membranous, nervous, or cellular, whereas its various parts partake of all these tissues.

The ciliary body consists—1, of the white ligament which connects it to the sclerotica; 2, of the outer layer of the choroid, which proceeds from the latter membrane to the white ligament; 3, the cellular membrane connecting the ciliary processes; 4, the ciliary muscle; 5, the ciliary processes; and, 6, the orbiculus capsulo-ciliaris. To these may be added, 7, the ciliary zone.

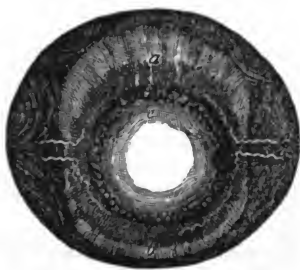
1. **EXTERNAL LAMINA.** *Ciliary ligament and arachnoidea oculi.*—When we remove the anterior half of the sclerotica with the cornea, we bring into view a white ring the anterior edge of which corresponds with the margin of the sclerotica, to which in the natural state it is attached. This ring is gradually shaded off and blended with the outer layer of the choroid which covers the remainder of the ciliary body, whereas the inner layer of the choroid ceases at its commencement. In birds, especially those with a large ciliary body, as the owl, &c., the continuation of the choroid is evidently a serous membrane, reflected on the internal surface of the sclerotica, for facilitating the extensive range of adaptation which is so necessary in this class of animals. This serous membrane has been called by Arnold the arachnoidea oculi, which, by analogy, he supposes to exist in the mammalia, although in the latter class of animals it cannot be demonstrated. At the inner anterior edge of the white ligament, and covered with pigmentum nigrum, there is a projecting lip which receives the iris, as a watch case receives the glass, and which I have called the frame of the iris—a part which may either be left on the second lamina or be removed with the first.

SECOND LAMINA. *Cellular ring. Ciliary muscle.*—The second lamina may be demonstrated by dissecting off the white ligament, and the above-mentioned continuation of the choroid, from the preparation we

have just been examining ; but it may be more easily exhibited by taking another eye, and making a number of radiated incisions from the centre of the cornea, along it and the anterior half of the sclerotica, taking care to avoid cutting the ciliary body ; if we now turn over the flaps we may easily peel off the external layer along with some muscular fibres, and



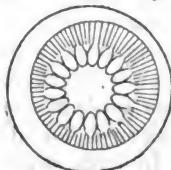
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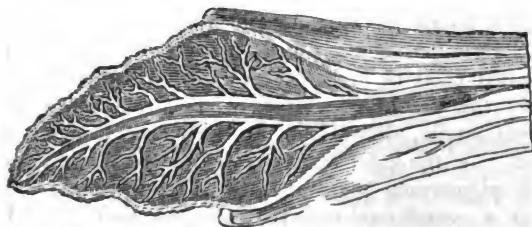
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bring into view the quested lamina which consists of two rings. The central ring is of a gray color, and consists of cellular membrane which connects the ciliary processes together. The outer ring is muscular, resembling in color the legs of a frog, and its radiated fibres are most plainly discerned as possessing all the characteristics of muscle. This muscular ring is of unequal breadth, being broader at the upper and outer, than at the lower and inner portion. In some of the mammalia the upper and lower portions form crescents, the horns of which meet at the horizontal diameter or equator of the eye, where the long ciliary arteries pass, to assist in forming the vascular ring, which supplies the ciliary processes. (Fig. 22, *a*, *b*, upper and lower ciliary muscles of an ox.)

THIRD LAMINA. Ciliary processes. Orbiculus capsulo-ciliaris.—This may with some difficulty be seen by removing the second lamina ; but its beautiful appearance behind may be more readily discerned, by removing the posterior half of all the tunics, and viewing it through the vitreous humor. The ciliary processes, constituting what is called the *pars fimbriata* or *plicata* of the ciliary body, consist of a series of plaits of fine membrane arranged in a radiated manner (fig. 23) round the crystalline body. They are covered with pigmentum nigrum, and are abundantly supplied with vessels and nerves. Each process resembles a folded leaf, the



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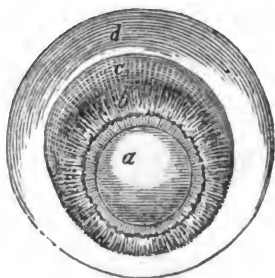
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apex of which floats freely in the posterior chamber of the aqueous humor. (Fig. 24, ciliary process of an ox magnified.) A corona of elastic filaments, from the inner surface of the ciliary processes, proceeding

backwards to the outer margin of the ciliary zone with the whole of which they are intimately connected, and frequently passing over a third of the diameter of the crystalline capsule, constitutes what has been termed by Ammon the *orbiculus capsulo-ciliaris*. These filaments give

to what is called the *pars non-fimbriata* or *plicata* of the ciliary body the radiated appearance which it exhibits when viewed through the vitreous humor. By lifting up the free apices of the ciliary processes, the filaments are seen fine like the web of a spider, and very transparent, whereas posterior to the ciliary processes they are covered with *pigmentum nigrum*. These filaments fulfil to the ciliary processes an office analogous to the tendons of muscles. It is also presumed that by their elasticity they aid in drawing back the crystalline body.

SUBJACENT LAMINA. Ciliary zone.—This is also called the *zonula Zinnii*, the *lamina ciliaris*, and the *corona ciliaris*: it is a transparent membrane extending from, and continuous with the margin of the crystalline capsule, to be attached to the vitreous humor at a line corresponding with the external or posterior margin of the ciliary body. This membrane lies upon the *tunica hyaloidea*, to which, besides the marginal attachment, there are several connections, so that the cavity between them, named the canal of Petit, has, when inflated, an indented appearance. Portions of *pigmentum nigrum* covering the radiated filaments of Ammon are frequently left on the ciliary zone, and form what is called the *halo signatus*. On the upper portion of the zone of the sheep, corresponding with the *pars non-fimbriata*, the impressions are not radiated but semicircular, as if occasioned by *pigmentum nigrum* collected in the *rugæ* produced by contractions of the ciliary muscle (fig. 25, c). The filaments of Ammon are so loosely connected with the ciliary zone that separation can only be effected by laceration. Portions of the lacerated filaments may be seen floating on the zone, when the vitreous humor is immersed in water.



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In the *carnivora* the ciliary zone does not exist as a distinct lamina. The ciliary processes are not leaf-shaped membranes lying with their posterior surfaces on the ciliary zone, but flat triangular plaits immersed in the vitreous body, with the edges directed forward.

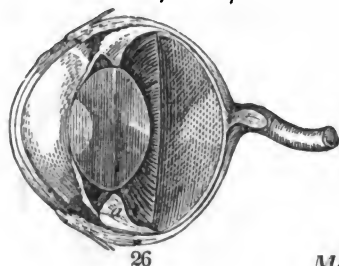
Petit's canal, is, as has been stated, the cavity existing behind the ciliary zone, and between it and the *tunica hyaloidea*; the term being applied in the same sense as when we say the cavity of the peritoneum, &c.: If we expose the ciliary zone by removing all the investments anterior to its outer margin, without disturbing the remainder of the *sclerotica*, and then inflate the canal of Petit, we observe that the crystalline advances, and also that it resumes its former situation when the inflation is discontinued. The use of Petit's canal thus appears evident: the ciliary zone, which is merely a continuation of the capsule, keeps in position the crystalline, which is permitted to pass freely forward, by there being a canal, or space between it and the true hyaloid membrane. The utility of the plaiting may be shown by making a model with a plaited, and another with an unplaited zone, when it will be found that

the unplaited model will not work, whereas the crystalline of the other may be made to advance freely.

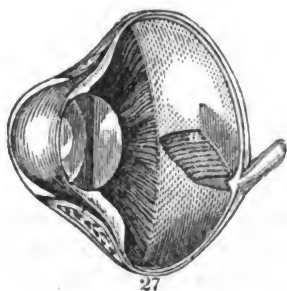
Vessels of ciliary body.—The long, anastomosing with the short ciliary arteries, form a circle of vessels over the pars fimbriata of the ciliary body. From this circle, a branch is furnished to each ciliary process. The returning veins pass to the vasa vorticosa. This vascular circle is beautifully represented by Arnold.

The ciliary nerves are about twenty in number, and are derived from the ophthalmic ganglion. Some of these may be traced to the iris, but the greater number are lost on the ciliary body.

ANTAGONISTS TO CILIARY BODY. *Orbiculus capsulo-ciliaris.* *Membranes of vitreous humor.* *Marsupium.*—The elasticity of the filaments of Ammon has been already noticed. The membranes of the vitreous humor radiate from the posterior wall of the canal of Petit, and from the posterior crystalline capsule, in such a way that when the latter is drawn forward, they may, by their elasticity, draw it backward. In animals with spherical lenses, some of the membranes of the lower portion of the vitreous humor, nearly in a line with the single adjuster, pass through the



slit in the retina, to be attached to the choroid. In the mammalia there is no division of the retina, nor any connection between it and the tunica hyaloidea, except at the entrance of the optic nerve, and at the ciliary lamina. The triangular processes of the carnivora (fig. 26, *a*) are so arranged that they may act as retractors as well as advancers.



Marsupium.—In birds and some reptiles, a fan-like membrane (fig. 27, *a*), analogous in structure to the ciliary processes, proceeds from the choroid through a slit in the retina, and through a portion of the vitreous humor, to be attached to the membranes proceeding from the posterior crystalline capsule. By means of this retracting membrane, these animals are furnished with the extraordinary power of distant vision which their necessities require.

FUNCTIONS OF CILIARY BODY.—We have, as above, the white ligament to give the ciliary body a firm point of attachment by connecting it to the sclerotica; the muscular fibres to contract the ciliary veins; the ciliary processes attached by the filaments of Ammon to the crystalline capsule and ciliary zone, to become erect by the accumulation of blood; the plaited ciliary zone, and the canal of Petit, to allow the crystalline to be drawn forward; and the elastic membranes of the vitreous humor to draw it backward, when the opposing force is removed.

The functions of the various parts of the ciliary body are evident from, 1, its entire absence in animals with spherical lenses, where there is another instrument for adjustment; 2, the structure; 3, there is no other

arrangement by which adjustment can be explained, nor by which we can account for the sudden occurrence of near and far-sightedness.

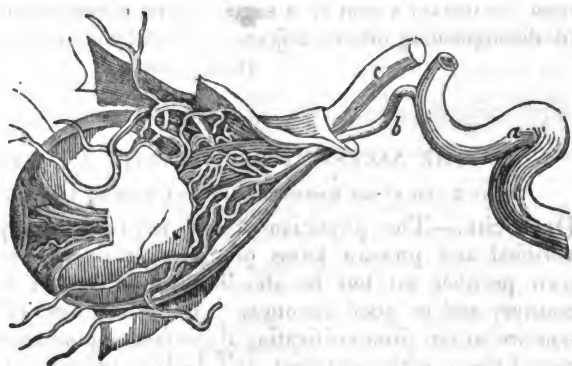
When the eye is adjusted to a remote object, and when, by the external muscles, we then direct it to one which is near, an indistinct image of the latter is formed on the retina; the impression is communicated to the sensorium by the optic nerve; a reflex affection of the third and fifth, from which the ciliary nerves proceed, causes a contraction of the muscular fibres which are arranged round the ciliary processes; the veins are compressed and the apices of the processes which float in the posterior chamber of the aqueous humor become elongated; these processes, being by the filaments of Ammon attached to the ciliary zone, and to the external third of the crystalline capsule, draw forward the crystalline body, until a distinct image of the object is formed on the retina.

It is admitted that in its perfectly easy condition, the eye is adjusted only to distant objects, from the following facts. 1. An effort is necessary to look at near objects, and that effort when long continued becomes painful; whereas we can look at distant objects without fatigue. 2. As age, which diminishes the tone of all the tissues, advances, the ability to see near objects becomes lessened; while distant objects can be seen as plainly as ever. 3. When under the relaxing power of belladonna, the eye loses the power of seeing near objects distinctly.

In order to adjust the eye to distant objects, all that is necessary to antagonize the power exerted by the ciliary body when it has drawn the crystalline forward, is to cease the effort—to allow it to become to a greater or less degree relaxed, when the filaments of Ammon and the membranes intersecting the vitreous humor will, by their elasticity, draw it backward.

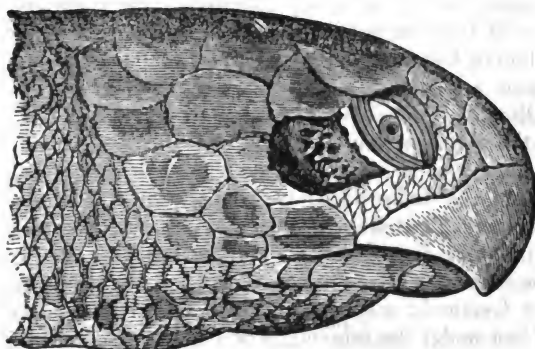
By the ciliary and vitreous arrangement the crystalline may be drawn not only backward and forward, but also obliquely in any direction, and in this manner the external muscles may be aided to some extent. As the upper and outer portion of the ciliary body is the broadest, that margin of the crystalline will advance the farthest, and thus facilitate the contemplation of near objects with both eyes at the same time.

To govern arterial pulsation, the ophthalmic artery is given off after the curve of the carotid (fig. 28, *c*). In the graminivora the ciliary arteries are much convoluted. In the carnivora, especially in the dog, the branches of the ophthalmic artery form numerous divisions, some of which again coalesce before entering the eyeball.



Adjustment of oblate and prolate spheroid lenses.—An arrangement, somewhat similar to that above described, exists in those animals with oblate spheroid lenses. When the lens is a prolate spheroid, an indoid ring proceeding from the greater margin of the iris, and embracing the crystalline, supplies the place of the ciliary body.

Adaptation of the eyes of amphibia to different media.—Exterior to the muscles which move the eyeball in the seal, there is a muscular ex-

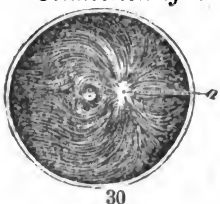


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pansion attached to the anterior edge of the sclerotica, which, by shortening the axis, may assist in adapting the organ for vision in different media. Behind the eye of the turtle there is a cavity (fig. 29, *a*) containing air, which by passing through a foramen, may separate the

membranes forming the walls of its sclerotica, and thus shorten the axis.

Connection of central foramen with near and distant vision.—As the fibres of the retina, which are loose in young subjects, and matted together in the old, converge round the central foramen (fig. 30), and as the extreme fibres of other nerves of sensation become erect when excited, it is possible that the free fibres terminating at the central foramen may assist in adjustment. Dr. Jacob observes—"A single lens remedies in a great degree the defect arising from want of power of adaptation; but no single lens will confer on a landsman the distant vision of a sailor, nor on a long-sighted person the power of distinguishing minute objects enjoyed by some near-sighted persons."



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{To be continued.}

THE NECESSITY OF URBANITY IN A PHYSICIAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The physician should not only be acquainted with the diversified and protean forms of disease, and with all that relates to his own peculiar art, but he should also be versed in what appertains to courtesy and to good manners. Many members of the medical profession are so far from cultivating these last acquirements that they actually regard them with contempt and disdain, believing time to be absolutely lost to them as physicians which is spent in their acquisition. They utterly despise that easiness of carriage and affability of bearing which

smooth the asperities of man's intercourse with man, deeming all such complaisance as unworthy of attention, and foreign to all spheres save the drawing room of fashion, or the boudoir of beauty. These opinions, however, we consider both erroneous in themselves, and injurious as well to those who likewise pursue the science of medicine as to him who embraces them.

It is not enough that the physician should be able to distinguish one disease from another, to designate with accuracy the succession of symptoms, and know what remedies are reputed efficient in combating and curing them, for all this knowledge would be of little avail were his roughness of manners and severity of aspect so repulsive to the world as to place him in its estimation below those "well-trimmed popinjays," who, carrying all their acquirements on their outsides, excel him in courtesy and politeness, while they lack his *solidity* of desert. It will not be thought improper, we presume, to consider it the duty of every member of society to conform to whatever tends to promote good feeling, and extend kindness of demeanor and the blandness of urbanity. But on the practitioner of medicine is this perhaps especially incumbent. It is not merely the pangs of corporeal suffering which he is called to relieve, but frequently will he have occasion to

—————"Minister to a mind diseased,
And from the mem'ry pluck a rooted sorrow,"

an effect which Bernardo Tasso well tells us cannot be produced by drugs alone :—

"Ma chi puote con erbe, od argomente
Guarir l'infermita del intelletto?"

At such junctures complaisance of deportment soothes better than the most skilful composition of hypnotics, and lulls more surely than Thebaic tincture or poppy of the Levant. A physician who is habitually rough in his manners excites dislike in the minds of his patients, and the advertisement of his approach is a source of dread, instead of an excitant to agreeable and pleasant expectations. Far from gaining the love of those on whom he attends, his rudeness continually wards off the consideration he would otherwise obtain, and those with whom he comes in contact are inspired with a belief that the whole profession are of the same character as the member before them. They set them down, therefore, as cold, unfeeling beings, acting only for a fee, almost choosing their avocation from a desire to glut on misery, and never sympathizing in the agony which comes under their observation. Nothing can justify sullenness or ill-nature on the part of the physician; wherever else they may possibly be in some measure pardonable, they can never be appropriate at the bedside of sickness. In the chamber of disease, if anywhere on earth, are the endearments of condolence, the exercise of urbanity, and the manifestations of sympathy, of great necessity and importance. Yet how often do we see these enjoinders violated in the person of him who should come "with healing on his wings," and lighten the anxiety imprinted on lineaments burning under the scorching desolation of a fever's

touch? Often in these circumstances is moroseness of disposition apparent, to the exclusion of inquiring solicitude, and often does crabbedness usurp the place of affability. Frequently this bearing is assumed by a practitioner who is really kind at heart, and is even thought necessary for the maintenance of his own dignity and standing. But how reprehensible such views must invariably be, needs no explication, surely, to him who possesses a heart rife to the emotions of sensibility and goodness. Everything that meets the eye about the couch of disease teaches a different lesson. The friends and attendants are obedient to these injunctions: when the sick man's eye quails from the light, how carefully are the window curtains drawn; when his ear is painfully susceptible to noise, how sedulously are carpets spread about his bed, and with what noiseless and spectre-like tread is all walking performed in his apartment. Would he sleep? The signet of silence is placed on every lip, and the hush of profound quiet is unbroken even by the breath of those who surround him. Would he change his position? Kindly and gently are hands proffered to do the service. Does he despond? The words of cheerfulness and hope are poured forth to encourage and animate him. And can the physician be absolved from these duties? Can he be harsh in his replies, supercilious in his commands, and peevish in his conduct, without deviating from that path which all men, be their professions what they may, should endeavor to follow?

We lay it down, then, as a maxim, that of all persons the physician should most studiously cultivate a familiar condescension and true courtesy of manner. We speak not of that heartless and *soi-disant* politeness which hovers in the train of princes, exhaling itself in nods and bows, and copied from the customs of fashion or the observances of a court: but of that inborn politeness which is the fruit of good feeling, which is ever careful of offending, and always ready to obviate whatever is productive in any manner of pain: which is slow to speak roughly, which prefers not a displeasing exterior, and which avoids those coarse and disagreeable singularities which are affected by some physicians who are actually endowed with both talent and worth. These habits were formerly far more prevalent than at present, and have been of much disservice to the profession. But that inaccessible haughtiness and ridiculous pedantry which pointed the shafts of the inimitable Molière, and caused him, in play after play, to cover the disciples of Æsculapius with jeers and with laughter, has in a great measure disappeared with the flowing medical gowns of the same period, the portly round-headed canes, and the barbarous Latin in which they delivered their oracular precepts. It is, however, true that we still have at this day specimens of a similar kind of practitioners—men who take particular pains to excite dread, and who are never guilty of speaking words of kindness, or of manifesting good humor—men obstinate, sulky, and overbearing—tyrannical where they dare to be so, laying down their dicta as infallibility, denouncing the slightest doubt or even interrogatory as rank medical heresy, angry at the least intimation of counsel, and sometimes, though we hope such instances are rare, maugre a membership of the church, resorting to

absolute falsehood respecting their medicines and their blunders. Repulsive in their deportment, and unconciliating in their carriage, they are only tolerated as a necessary evil. Such a bearing cannot be too carefully eschewed, nor need there be a fear of being too gentle, too considerate, or too urbane. The benefits of skill will be increased by kindness. Openness and familiarity of conduct on the part of the physician will induce a similar result on the patient; perceiving that he is regarded with interest, and that his detail of feelings is not heard with a bought and careless apathy, he will speak confidentially and without reserve, thus unveiling valuable indications to the practitioner not otherwise to have been obtained. In fine, by thus proceeding, the physician will not only secure the friendship of those by whom he is surrounded, but he will increase his sphere of usefulness, will exalt and honor his profession, and what is yet more, will feel in his own bosom the consciousness of doing good.

Shelburne Falls, Ms., May 3d, 1844. STEPHEN J. W. TABOR.

Errata.—In an article of mine which appeared in your paper of the 20th of March last, entitled “Bibliography of Tobacco,” there are several typographical errors, which I have not hitherto corrected because I supposed most of them were such as your readers would themselves generally perceive: as, however, I am writing upon another matter, and have room in this sheet, I will just allude to them. I shall not set them down particularly, for few if any readers would be at the trouble to turn back to a communication on such an account. The most frequent error is printing an *n* as a *u*, and the diphthong *æ* as *x*. The word *Nicotiana* is a number of times printed *Nicotiaux*, and there are some other similar misprints, for which, I suppose, you may justly tax my chirography, as it must be admitted few journals are more neatly and correctly “got out” than your own. I shall mention but one other error in the printing of my article, which is where I am made to say “rhymesters of the *obscenest* newspapers,” when I did say *obscurest*.
S. J. W. T.

NUX VOMICA IN PARALYSIS OF THE BLADDER.

[Communicated for the Boston Med. and Surg. Journal.]

MR. W., aged 60 years, has had an affection of the spine with partial palsy of the lower extremities, for some years. He has also been very costive, and for four years had not a single discharge of urine without the use of the catheter. Quite recently Mr. W. became insane, and was committed to the State Lunatic Hospital.

Soon after he came under my care he was directed to the use of the *alcoholic extract of nux vomica* with laxatives. Quite unexpectedly he discharged his urine voluntarily in a few hours afterwards. Some circumstance, unimportant, interrupted the use of the remedy, and the catheter again became necessary. After a few days the *nux vomica* was again resumed, and has been continued every day since in doses of twenty drops, of a tincture of the alcoholic extract, three times a day. Since

that time to the present, now five months, he has had regular and easy evacuations of urine, never having been obliged to use the catheter since the medicine was resumed.

I have seen good effects from the use of *nux vomica* in relaxations of the muscular fibres, in dyspepsia, flatulency and loss of muscular tone in the stomach and bowels, as well as in general and partial palsy, but this is the first instance in which I have known it restore healthy power to a palsied bladder.

S. B. WOODWARD.

Worcester, Ms., May, 1844.

EFFECTS OF OPIUM ON INFANTS.

By Charles Taylor, M.R.O.S.

FEBRUARY 25th, 1844, about 1, P. M.—Mr. C——'s infant, a fine little girl, æt. 10 months, having been allowed to play with some pills (*Pil. sapon. c. opi, gr. v., ext. colo. co. gr. vii., in pil. iv.*) which were silvered over, the nurse observed the child making a noise, as if swallowing something with difficulty, and suspected some of the pills were taken. One pill was found in the child's dress, and one in the pill-box, but there were four, and after sweeping the room, and the most careful examination, the other two were not found. I was present within a quarter of an hour; the child was then playing, cheerful, and in perfectly good health; however, from the account of the case, I thought it right to act, although in doubt. The opium swallowed being in the form of pills, and the pills having been made a long time, instead of using the stomach pump I administered immediately half a scruple of the sulphate of zinc dissolved in a very small quantity of warm water; this not producing vomiting in a quarter of an hour, I gave *ant. pot. tart., gr. ii.*, which was repeated every ten minutes to the fourth time. Tickling the posterior fauces with a feather was also had recourse to, with occasional draughts of warm water, but all without avail. About half an hour after the last dose of tartar emetic, when almost giving up in despair of causing vomiting, it suddenly occurred, and by the use of warm water was then kept up. The food of the day was returned, and with it some dark substance which proved to be portions of the opium pills; one piece the size of half a pill, the others divided and mixed with the food, having the smell of opium. Pieces of the silver leaf were also found, leaving now no doubt, and from the quantity showing most probably that two pills were swallowed. After the vomiting had subsided, a teaspoonful of castor oil was given, which in the evening acted, and no appearance of the pills in the motion, which was healthy. The child did not appear drowsy; in fact, its parents thought it more lively than usual. Slept comfortably during the night, and was quite well next morning, neither suffering from the opium, nor from the emetic remedies that had been administered.

The only remarks suggested are these: 1st, the large doses of emetics

which were given for a time without success ; this may be accounted for, doubtless, by the action of the opium on the nerves of the stomach, but yet there was an absence of any other symptom on the nervous system ; and 2d, the total absence of any irritation produced either by the zinc or tartar emetic on the mucous membranes afterwards.—*London Medical Gazette.*

THE POSTHUMOUS FAME OF MEDICAL MEN.

WE all know what gods we are in the eyes of our patients—when they are seriously ill ; how little they think of us, with what slender courtesy they treat us—when they have got quite well. The eagerly expected visit, the confidence in, the dependence on us, are not more remarkable in the first case, than are in general the indifference, the coldness, the want of sympathy, with us in the second. The truth is, that the wealthy and the great are generally afraid of the accomplished and philosophical physician or surgeon, intimately acquainted with the springs and motives of human action as he necessarily is. They have a higher nature in their presence, which over-crowds them ; and human pride and human infirmity cannot stand the proof ; they shrink before it, and rather dislike and fear, than love it. This feeling is at the bottom of the preference which the aristocracy of all countries, and of England in especial, so frequently show for ignorance and blind empiricism—for the anointings of a St. John Long, the abracadabra of the druggist Hahnemann, the duckings of the peasant Priessnitz, &c. &c.

With the same measure that the world are disposed to mete to us during our lives, do they still continue to measure to us after our deaths. The fame of the medical man is not even so enduring as that of the great actor. By what strong memorial do the public cherish the remembrance of the gifted Abernethy ? They name a biscuit after him. Of the brilliant Cooper ? some speculative druggist has christened a pill by his name. Of the great Dupuytren ? a perfumer embalms his public memory with a pomatum for the hair ! Sic transit gloria ! Mr. Abernethy always estimated posthumous fame at what it is probably truly worth, and no more : “ Were I thirsty,” he would say, “ I would give the posthumous fame of Buonaparte, could I command it, for a drink of small beer ! ” Brave old John, kind-hearted, eccentric old man ! Nor shall thy fame for better things than biscuits yet die out from amongst us thy brethren, for some considerable time to come ! Though thy kindred wrote trash upon thy tomb-stone, and the bakers have kneaded thee up with their dough, the influence thou hadst on medicine will survive when the memory and the knowledge of thy being shall have passed away.

And this brings us to the point we were driving at. There is no sure abiding place for us here below—whether in the body, or in that kind of spirituality which we entitle posthumous fame. He who did this or that passes away ; the knowledge of him who did it is lost in the night of ages ;

but the deed itself, the thing done, remains, and has its influence to the end of time.

Our business, therefore, is honestly and pains-takingly to perform the part assigned us, without regard to our particular fame, satisfied that what we do for good will never be lost to our fellow men, and though we neither leave our name to a biscuit like John Abernethy, to a vegetable pill like Sir Astley Cooper, to a sauce like Dr. Kitchiner, or to a pomatum for the hair like the Baron Dupuytren, our spirit will still be present in the world when the body that enshrouded it is resolved into ashes and air, and all knowledge that such a man had ever been has passed away.—*Ib.*

ON THE TREATMENT OF FRACTURES OF THE CLAVICLE.

By Abm. L. Cox, M.D., of New York.

THE difficulty of obtaining a perfect control of this fracture, by the different bandages now in use, is very generally admitted by practical surgeons. This, however, is no less certain, than that the great principles on which such control is attempted, are well ascertained and universally admitted. The action of the sterno-mastoid and great pectoral muscles, holds the sternal fragment in its proper position, while the scapular portion falls with the weight of the arm, or by the action of the muscles, and is then drawn inwardly, so that the inner portion overrides the outer, and the position of the shoulder is altered from its natural state, to one more inward, downward and forward.

The indications of treatment are, therefore, obviously to extend, elevate and hold back the shoulder. For this purpose, surgeons formerly resorted to a figure-of-eight bandage, applied over the back between the shoulders—a plan of treatment liable to the objection, that it does not meet all the proper indications of the case, and does not insure a perfect restoration of the functions and configuration of the fractured shoulder.

Desault's bandages have also been generally used, and are designed with reference to the great and acknowledged principles of the case; but it is very generally admitted that these bandages are not as successfully used as is desirable, and many surgeons have consequently returned to the old figure-of-eight bandage in preference to them. Even our schools, if I am correctly informed, teach their abandonment; a fact to be regretted, as they certainly have several decided advantages over the more simple means now generally superseding them.

Of these, the first is the advantage of a direct and perfect extension of the fractured bone, effected by the cushion in the axilla, and the transverse turns of the roller over the arm of the fractured side, round the body, and under the armpit of the sound side. This important point of proper extension is well attained and kept by this part of Desault's management.

The great defect, which, as far as I have been able to learn, is pretty generally admitted against the bandages in question, exists in the last

bandage, the object of which is to retain the fractured shoulder in a sufficiently elevated posture.

Desault's direction for its application is, to commence with a roller nine yards long, at the axilla of the sound side, to bring it in front of the chest over the shoulder of the fractured side, down behind the arm to the elbow, then to bring it in front of the chest to the point of beginning, then over the back from the axilla to the fractured shoulder, crossing it to the front of the arm, under the elbow, and so obliquely over the back again to the axilla of the sound side, and in this way till the roller is applied.

That this plan should fail in keeping the fractured shoulder and arm in a proper elevation, is, I think, obvious *à priori*, and unfortunately it is found to be so in practice.

The axilla is below the shoulder of the opposite side, and the bandage, therefore, exerts a direct influence to depress it just in proportion to the strictness of its application. If, indeed, the turns which are made under the elbow of the affected side could be brought over the shoulder of the sound side, thus making the sound shoulder a *point d'appui* from which to suspend the elbow and arm of the fractured side, there would be some influence exerted toward the end in view. But when we reflect that this turn would support the elbow only by an oblique application, and that the bandage, from its yielding to the weight of the arm, could afford little or no support, thus applied, it needs but a moment's reflection to perceive that the end which the surgeon has in view is completely lost by passing the turns of the roller *under the axilla* of the unaffected side.

What has been said will, I trust, serve to prepare the reader for the suggestion which it is the object of this paper to make in the modification of Desault's bandage.

Instead of making the axilla of the sound side the point of support of the shoulder of the fractured side, I propose that this point of support be sought close to the neck, on the side of the fracture. The roller may start from the sound axilla, pass over the other shoulder, down behind the arm and under the elbow, then upward over the fracture, obliquely across the back, and under the axilla of the sound side; thus making a figure-of-eight, by which the elbow will be drawn directly upward, and the point at which the bandage crosses on the shoulder being properly secured by pins, will be retained permanently close to the neck by means of the turns which pass under the sound axilla. This arrangement seems to possess all the properties at which the last bandage of Desault is aimed, and of which it undoubtedly fails.

But one case has occurred to me whereby I could test the soundness of my reasoning by an appeal to practical results. This happened in an elderly woman, who fell from a chair in attempting to wind the kitchen clock. Desault's plan failed, after careful and patient repetition; so also did the old figure-of-eight bandage, and several other modifications of them which successively suggested themselves to my mind in the management of her case.

I made the application, which I have attempted to describe above, with the best results. It retains the shoulder in its proper position, and the

bones in perfect coaptation, and is at the same time comfortable to the patient.

It is well to commence by preparing the arm of the affected side with a roller, carefully and accurately applied. This precaution has the double advantage of guarding the arm from the pressure of the turns of the first roller, and also of furnishing the means of fastening the last application to the elbow by means of pins.

If it shall be thought worthy of trial by the profession generally, I believe it will be found to be an improvement; and I therefore feel it to be a duty to make the suggestion, and submit it to the judgment of my medical brethren. No one can be more aware than myself of the very simple nature of the alteration in Desault's bandage, that I have ventured to propose; but if it should be found on trial to be better adapted to attain the very ends, and to apply the very principles of practice, which Desault taught, it will doubtless be justly appreciated by the profession.—*The New York Journal of Medicine and the Collateral Sciences.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 15, 1844.

Criminal Abortions.—Those, only, who are connected with the profession of medicine, are aware of the vast amount of wickedness perpetrated in cities by a class of men and women, familiarly known as *abortionists*. Madam Restell, the vampire of New York, the most infamous of her sex, if any reliance is to be placed in the expression of the press and the specific recital of Dr. Bedford, has deprived as many human beings of the right of birth, as any individual in the criminal calendar of the world. She has likewise an office in Boston, where her medicines are in constant request. But Madam Restell is not the only depredator on human happiness and life in the city of Boston. There are men—in external organization, but not in character—who are celebrated among the vile attendants at the court of infamy, for their success in exterminating fœtal life. Their criminal assistance is even sometimes sought after by married women, who cannot render a shadow of excuse to the tribunal of public scorn for their heartless depravity. Yet the law has not reached them, and the trade of infanticide is unquestionably considered, by these thrifty dealers in blood, a profitable undertaking.

The Rev. Mr. Abeel, now in China, has written extensively, of late, on the national vice of infanticide in that empire. No judicial inquiry is ever made there into the causes of death in embryo or at birth. Parents have a conceded right to strangle their own offspring, to rid themselves of a prospective burden; and they do it without remorse, or a single admonition from a violated, instinctive affection. Female children, especially, are those whose first breath is followed by a death struggle in the grip of the hand that should have nurtured them. According to this missionary's details, fathers and mothers of respectability speak of the daughters they have put to death, with perfect indifference. It is their right by civil code,

custom and inheritance, to proportion the number of their children to their means of support or personal convenience. He mentions persons of his acquaintance who had already strangled three daughters in succession.

Awful as these recitals are, of the manners of a heathen nation, the deeds of darkness executed in our own cities, in a professedly Christian country, beyond the cognizance of any police, are, if possible, still more deplorable. Such are the wily movements of these professed abortionists, that, although their acts, according to common report, are exceedingly frequent, no one can be found who will boldly face the foe and arraign them at the bar of insulted justice. Those who have been the subjects of their hazardous operations, occasionally develope something to excite astonishment; but before any decided course can be adopted to secure the fiends, the thread of evidence is broken by death, removals, or an unwillingness to be identified with an ignominious transaction, which would ever after debar the revealer of the deed from the society of virtuous people. No way has yet been devised for interrupting this abominable vice. Law is disregarded, and those who have become both expert and bold in the profession of stifling human life in utero, neither fear the frowns of man nor the avenging arm of God.

The Pepperell Witchcraft.—A case of catalepsy, as we learn, has lately occurred in the town of Pepperell, in this State, which is more particularly alluded to in the following note by Dr. Gilbert, of this city.

"Miss L., of Pepperell, is supposed to be prodigiously handled by *evil angels*. I have been myself an eye-witness of some strange occurrences, and there are several substantial witnesses to the same exhibitions. The facts are sufficiently attested by Drs. Bancroft of Groton, Parker of Pepperell, and others of high intellectual and professional attainments. The afflictions of Miss L., now about 14 years of age, commenced in school by a loss of speech. Immediately upon this misfortune, she fell sick of a disease that quickly led to the calling in of physicians and others, for she had odd *fits*, and in the course of a few hours changed so much in figure as to satisfy her parents that she was *bewitched*. Some of the neighbors were shrewd enough to suspect the origin of this mischief. In a word, the poor girl lay cataleptic eight months, perfectly rigid, insensible to all around, with her jaws *perfectly locked*. During all this time, there was a frequent descent of *devils* upon the family! Noises were heard; there was the horrible appearance of a black man with a tail peeping out under his coat, together with a foot minus a boot. This ambassador from Pandemonium sometimes came in the shape of a white woman upon a white horse, riding right through the room, with his feet up in the air! At another time he, presto, got into the churn, preventing the butter from coming, and he could only be driven from under the dasher by introducing red-hot tongs into the cream. Sad to relate, he thus got a tremendous burning upon the ankle-joint, and the sore was visible to all who saw the spectre. These phantoms came with their faces so veiled that believing spectators could never have a distinct view of their physiognomy.

"Now it is most unchristian and uncivil to suppose these paroxysms are feigned. No one acquainted with the patient or the family suspects either of imposition. The intelligent physicians in attendance, and the neighbors, suppose this a marked case of catalepsy. They also believe that

it was induced and kept up by the continued idea of *witchcraft*, and further, that the spectral sights are the result of an excited imagination. If such is the fact, it admonishes people to be careful how they excite the marvellousness of their children by highly colored fictions.

"These observations are preliminary to a detailed account of all the circumstances that can be of interest to medical men in regard to this extraordinary instance of modern witchcraft, which in reality is nothing more nor less than an exceedingly curious case of catalepsy.

DANIEL GILBERT."

Schenck's Pulmonic Syrup.—A while since, it was mentioned in a newspaper, as an article of intelligence, that somebody in England was *getting up a new kind of pill*! Alas, in this bequacked section of the republic, unprincipled adventurers are incessantly devising something, for filching from the afflicted the last stiver of their earthly possessions, in the shape of a panacea for all their physical woes. One of the best things ever recorded in the *Edinburgh Review*, was a dissertation on the enormous taxation voluntarily submitted to by invalids in Great Britain. They inhabit a chamber that is taxed by the window through which the sun's rays reach them. They are bolstered up in a taxed chair, to swallow a taxed dose that the apothecary has been taxed a hundred pounds for liberty to sell—at two hundred per cent. above its value. It was prescribed by a physician taxed for his faculty and taxed on his professional income, who paid a direct tax of a pocket full of guineas to be at liberty to tax his patients to the utmost of their ability. When these taxed operations fail to restore them for future taxation, they then seize with avidity upon a multitude of nostrums, which the law tolerates by the payment of a specific tax. Having ascertained, by a protracted experience, that there is more certainty in the effects of taxation than in taxed drugs from the hands of taxed manufacturers, the poor victim of unmitigated taxation takes to his taxed bed, and surrounded by full bottles of sovereign remedies for all ails but taxation, closes his eyes forever on a taxed world. His heirs place his remains in a taxed coffin, to be conveyed to that place where the wicked cease from troubling and the weary find rest, on a taxed hearse, to an iron tomb, that was taxed at the patent office, and thus the victim of taxation sleeps with his fathers beyond the reach of further taxation.

Seeing the vast preparation for the sale of *Schenck's Pulmonic Syrup*, which is for the "*cure of consumption, diseases of the lungs, and the respiratory organs*," we were led to the foregoing reflections. The only difference between this country and Great Britain, in regard to secret medicines, is, that there Government profits by the imposition—£50,000 having been received from their sale in 1841; but in the United States the proprietor gets all the profit. People voluntarily tax themselves to support a host of knaves who laugh in their sleeves at the credulity of those who buy their medicines.

Rare Physiological Impressibility.—An author of a work on medicine, who resides in Boston, assured us, recently, that he had produced a cathartic operation in a most convenient manner, viz., by simply putting one drop of a purgative tincture into an ounce phial filled with water—

which, when held between the thumb and finger, although corked tightly, produced all the effects which the same medicine would have accomplished had it been taken into the stomach! Now we verily believe that the gentleman who related this extraordinary circumstance, honestly stated what he considered to be strictly true, notwithstanding that it is opposed to all the analogies of nature, pathological laws, the experience of medical men, and the sound dictates of common sense.

In this city of Boston, which some southern editor facetiously calls the *city of Bedlam*, because it is the grand resort of so many crazy theoretical projectors, there is a multitude of amiable, well-meaning, philanthropic men and women, who are principally engaged in believing and propagating the last new humbug. It matters not what is presented—the more absurd and incomprehensible the better, since it is their meat and drink to believe, to sustain the cause, and assist in the manufacture of new converts.

University of Maryland.—A meeting of the medical graduates of the University of Maryland, was held early in March, at which several complimentary resolves were passed in regard to the able and satisfactory course of lectures given by Professor R. W. Hall. This is the gentleman whose name was prominently before the public in the "*matter of impeachment before the Regents of the University*," in August last. His position, it strikes us, is an anomaly. In the testimony before the Regents, the object was to prove that he did not deliver satisfactory lectures. However, after a patient and sufficiently protracted examination, he was left *in statu quo*—and now the graduates make this declaration:—

"Whereas, we have listened with pleasure and improvement to the able and complete course of lectures delivered by Professor Hall, in the University of Maryland, during the past session, and have been witnesses of the care, the industry and the learning with which he had demonstrated and impressed every portion of his interesting branch, we feel it due to ourselves as a body and as individuals—to the Professor as a mark of our high respect for his talents and his learning—and to the public as a means of spreading, if possible, this well-earned reputation, to express our thanks and our gratitude to him for his ceaseless efforts throughout the course."

Medical Lectures.—By referring to the advertising sheet, the announcement of the next course of medical lectures at Pittsfield, will be noticed. This has become a stable institution, with an industrious faculty, who have a single eye to the advancement of the pupils. The term commences in August next. The following gentlemen received honorary degrees at the last commencement, viz., Drs. Reuben Champion, Asa Lincoln, Alonzo Clark and Benjamin R. Palmer.

Pure Medicines.—In the list of well-conducted apothecary stores in Boston, it gives us pleasure to direct the attention of active practitioners in town and country, to the establishment of Mr. Metcalf, in Tremont Row, who has established a well-earned reputation. He is not only extremely accurate and judicious in everything pertaining to the business of putting up prescriptions, but he also avails himself of all the new

medicines and chemical preparations known either in the old world or the new.

Messrs. Colcord & Babcock, also, have an exceedingly orderly establishment at No. 160 Washington street. They are untiring in their exertions to procure the most approved articles that can be produced. Every physician will appreciate the value of a store like theirs, where all the new medicines may be had in their greatest purity.

If it is desirable for the community to have competent physicians, it is also a public blessing to have responsible and well-instructed apothecaries, whose characters for uprightness, punctuality, and exactness in following the letter of a medical direction, can always be relied upon.

Anatomical and Surgical Drawings.—Gentlemen wishing the assistance of an artist to illustrate the appearance of tumors, wounds, surgical operations, or anatomical drawings, are particularly recommended to call on Mr. Henry G. Fette, No. 45 Fayette street. There is a peculiar accuracy, beauty and completeness in his pencillings. Some representations of diseases of the eye, made by Mr. Fette, are so painfully accurate, as to give unpleasant sensations in looking at them, on account of the surprising degree of vitality he has infused into engorged vessels. Besides being a very deserving man, whose acquaintance is an acquisition, it is worth remembering, by those who are in pursuit of this kind of artistical aid, that Mr. F. has no superiors in this peculiar, though difficult, line of painting. We hope that such encouragement will be afforded as to induce him to remain here permanently, since, amongst one hundred and fifty physicians, considerable employment might be found for an accomplished, skillful anatomical painter.

Causes, Symptoms and Treatment of Pulmonary Consumption.—Such is the title of a discourse delivered before the Massachusetts Medical Society, at the anniversary meeting in May, 1843, by Charles W. Wilder, M.D. It has since appeared in the Society's annals, where those who have not already perused it, may find it in detail. The Society has usually been served, at its anniversary meetings, with distinguished ability, although, as might be expected, speakers of various qualifications and attainments have at different times delivered the addresses.

At this late day it is unnecessary to allude particularly to Dr. Wilder's discourse. Many who were present at the delivery, presumed to say that he was not an orator; some had the temerity to intimate that something better might have been provided; and a belief is actually entertained by ourselves, that it is a difficult undertaking to please two hundred physicians with a dissertation on pulmonary consumption, of an hour's length, even if it possessed its share of merit.

Monument to Dr. Lovell, late Surgeon-General.—During the past winter a monument of unusual dimensions, and great beauty, which the medical officers of the army caused to be erected in memory of the late Surgeon-General, Joseph Lovell, was placed in the Congressional burying ground, near the city of Washington. The structure, designed and executed by R. E. Launitz, of New York, is of a rectangular form,

and in the Grecian style. Upon a granite base five feet square, rests a superstructure of the finest Italian marble, weighing about ten tons, and reaching a height of fifteen and a half feet. A pedestal, formed from a solid block, two feet six inches square, and three feet high, upon which the inscriptions are cut, is raised to the level of the eye upon a double plinth, and crowned with a bold entablature having its frieze and cornice proper, and finished on two sides with pediments. Over all a pyramidal shaft, twenty inches square at its foot, rises with an easy taper seven feet, terminating in a capital formed after the solemn and impressive style of the ancient sarcophagi.

In its architectural details the monument is extremely chaste and unadorned, but bold and imposing in its outline, and cannot but draw admiration from the singular beauty of its proportions. Appropriate inscriptions are cut on the four sides of this well-merited monument.

The University of New York.—We learn from a correspondent that the Legislature of New York has made a liberal appropriation of money, and with great unanimity, to the medical department of the University. This will give a new impulse to that flourishing school, not only by warming the zeal of its professors, but by the universal confidence it will inspire in the established rank and increasing prosperity of the institution.

TO CORRESPONDENTS.—Dr. Allen's No. 5 of Epidemic Erysipelas, Dr. Crosby's case of Impacted Colon, Dr. Gillespie's remarks on Chronic Aphthæ, Dr. Paine's Defence of his Introductory Lecture, Dr. Haynes's case of an over dose of Opium, and a paper on the cause of Color in the Human Family, have been received.

DIED.—In Hopkinton, Mass., Dr. Calvin Ellis, formerly of this city, 41.

Number of deaths in Boston for the week ending May 11, 36.—Males, 17; Females, 19.

Of consumption, 6—lung fever, 3—rheumatic fever, 1—marasmus, 1—delirium tremens, 1—scarlet fever, 3—old age, 2—accidental, 1—croup, 2—infantile, 3—disease of the heart, 1—angina pectoris, 1— inflammation of the bowels, 1—liver complaint, 1—dropsy, 2—typhus fever, 1—scrofula, 1—decline, 1—disease of the brain, 1—sudden, 1—dropsy in the brain, 1—unknown, 1.

Under 5 years, 13—between 5 and 20 years, 1—between 20 and 60 years, 15—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

April.	Therm.	Barometer.	Wind.	April.	Therm.	Barometer.	Wind.
1	from 18 to 43	from 29.99 to 30.16	N E	16	from 45 to 70	from 29.35 to 29.54	S W
2	18 43	30.13 30.18	N W	17	53 67	29.25 29.41	N W
3	20 49	29.51 29.87	S W	18	33 56	29.66 29.74	E
4	45 76	29.28 29.40	S W	19	32 61	29.70 29.75	S W
5	44 64	29.42 29.64	N W	20	38 58	29.55 29.61	N E
6	31 56	29.85 29.95	N E	21	50 56	29.44 29.50	N E
7	40 48	29.80 29.94	S W	22	50 73	29.40 29.56	N E
8	50 72	29.36 29.56	S W	23	52 68	29.68 29.71	S W
9	54 63	29.32 29.39	N W	24	48 62	29.26 29.54	S W
10	38 71	29.46 29.52	S W	25	52 64	29.21 29.45	N W
11	49 74	29.54 29.68	N E	26	48 58	29.15 29.31	S W
12	40 72	29.69 29.73	S E	27	38 58	29.55 29.67	N E
13	45 80	29.67 29.66	N W	28	39 58	29.36 29.49	W
14	57 63	29.42 29.51	N W	29	45 60	29.41 29.52	N W
15	54 65	29.38 29.55	E	30	36 70	29.61 29.67	S W

This has been a warm and dry month; vegetation early and rapid; a fine season for the farmer to commence his spring labor; flowers and forest trees two weeks in advance of the close of April, 1843. *Daphne Mezereum* and *Crocus* in blossom on 8th—*Trailing Arbutus* on 10th—*Elm*, *Willow* and *Alder* on 11th—*Red Maple* on 12th—*Polyanthus* on 13th—*Violets* on 14th—*Shepardia* on 15th—*Leatherwood* on 16th—*Feverbush* and *Hepatica Triloba* on 17th—*Animona Thalictroides*, *Marmosa*, on 18th—*Cowslips* and *Shadbush* on 19th—*Dog Tooth Violet* on 20th—*Cherry* on 21st—*Houstonia Cerulia* on 22d—*Shadbush* and *Dandelion* on 23d—*Peach* on 24th—*Wild Cherry* on 25th—*Pyrus Japonica* and *Ash Tree* on 26th—*Wild Columbine* on 27th—*Panax Quinquifolium* on 28th—*Viola Blanda* on 29th. Thermometer ranged from 18 to 86. Barometer from 29.23 to 30.34. Rain only .35 of an inch.

Fibrous Tumor of the Breast.—The Royal Academy of Medicine of Paris have lately spent several days in discussing the above-named subject, which had been introduced by M. Cruveilhier. There seemed, however, very little light to be obtained upon the matter. The learned mover of the question failed to shed any, and each successive speaker appeared to be more in the dark about it than the other. A correspondent of the *Gazette des Hopitaux* (No. 33), explains the dilemma in which the honorable Academy found itself placed, in a very satisfactory manner. He says, "M. Cruveilhier, a conscientious and enlightened physician, and moreover a Professor of Pathological Anatomy, comes down to the Academy one fine day, and delivers himself in these terms: 'Gentlemen, there are fibrous tumors of the breast, and they are common.' Now it was obvious to us all along that no member of the Academy had ever seen one of these tumors, so that it would have been very natural for some one to have said, 'Will the Professor be good enough to show us one of these bodies, for I myself have never either touched or seen such a thing?' But no; one was fearful of hurting M. Cruveilhier by seeming to call in question his information and good faith; another was afraid of exposing his own want of information, and so damaging his reputation: what a dilemma, had some journal published such words as these—'M. X. never saw a fibrous tumor of the breast, a disease, nevertheless, which is very common;' and a third, by so simple a question, would have cut short all discussion, and seen himself forced to keep his eloquence bottled up, which would have been very distressing to him. These and various other reasons account for the circumstance that no one said to M. Cruveilhier, *there is no such thing as a fibrous tumor of the breast*. No one went further than to say, there are *few* fibrous tumors of the breast. Hence the harangues which we have been compelled to abide, and those with which we are still threatened."—*London Medical Gazette*.

Duration of the Life of Medical Men.—M. Chadwick, in his "*Sanatory Report*," states that in the medical profession examples are not rare of the attainment of extreme old age; yet as a class they bear the visible marks of health below the average. The mortuary registration for the year 1839, gives the following as the average age at death of persons in the three professions in England:—Clergymen, 59; Lawyers, 50, Medical men, 45. Only one medical student was included in the registration; had the deaths of those who died in their noviciate been included, the average age at death would have been much lower. This corresponds with the results of the researches of Dr. Caspar, of Berlin. Yet the medical profession is notoriously the worst paid and the worst treated of all the three professions—the public, for whose good this awful loss of life is sustained, is utterly regardless of the sacrifice.

Glanders in a Woman.—M. Bourgeois d'Etampes has lately published, in the *Bulletin Therapeutique*, a case of glanders in a woman, the first of the kind which has been observed, owing, no doubt, to women having seldom any thing to do with horses. This female, twenty-nine years of age, of robust health, after long attending to a horse laboring under acute glanders, contracted the disease, and died in twenty-two days.—*London Lancet*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MAY 22, 1844.

No. 16.

HISTORY OF A CASE OF IMPACTED COLON.

[Communicated for the Boston Med. and Surg. Journal.]

JULY 22, 1842, I was called to see H—— W——, female, aged 13. Had been under treatment some months for diabetes. Found her of a pale, sallow, almost bronzed complexion; with harsh, dry, and cool skin; pulse about 70 in the minute, deficient in strength and fulness. She was petulant, yet indisposed to action or even ordinary motion. She made no complaint, but wished to be left entirely alone. She sat up much of the time, and seemed of small constitutional strength. Although my attention was directed by the parents to the disease of the kidneys, yet I inferred, as the result of my examination, that she was not then suffering from a too great flow of urine. The bowels were not markedly full, but were rather tense; there was no tenderness—no fulness over the bladder. There was a fulness over the region of the left kidney, which extended into the left hypochondriac region, and which, taken in connection with the history of the case, I supposed to indicate some anomalous morbid condition of the kidney. I was informed that until within a day or two the bowels had been regular, but that they were then constipated. Unable, from the appearances and history of the case, to form a satisfactory diagnosis, I deferred any further examination, and prescribed three powders of calomel and rhubarb to be taken every three hours, to be followed by a purgative draught of senna and sulph. magnesiz, and likewise directed the operation to be assisted by copious injections of soap water. Without, however, burdening this article with the extract of every day's entry upon my journal, suffice it to say that in a subsequent examination, had upon ascertaining that all the above-mentioned means had failed to produce any effect, it was discovered that the tumor, which I had previously supposed to be connected with the kidney, extended in the course of the colon from the cæcum to the rectum—that it was, in fact, an impacted colon. From this time every means, medicinal and mechanical, devised by the ingenuity of man, were made use of to remove the contained mass of feces, but without success. The stomach was insensible to the most stimulating cathartics. Antimony failed to nauseate or give pain, even when given in the largest doses. Mechanical distension was relieved by partial vomiting, or, perhaps I should say, by regurgitation, the patient having no sen-

sation of sickness. The soft parietes of the abdominal cavity were not affected by external stimulation. By the introduction of a flexible tube, the colon was washed out to the acute flexure in the left hypochondrium, but no force or perseverance could pass any fluid or bring away any fecal matter from beyond that point. In the first large evacuation procured by injection, probably from the sigmoid flexure, there came away a mass, which proved, after a thorough washing, to be raspberry seeds, one pint by measure. The girl, now thoroughly alarmed, confessed that about twelve days before I saw her, she had eaten as many berries, which grew immediately about the house, as she could, and that with the exception of a small evacuation the day after, she had not had, or felt any inclination to have, anything pass the bowels, but that fearing she would be obliged to take medicine, had daily deceived her mother—a deception easy until two days before I was called, as previously she had gone out every day. She grew gradually weaker, the pulse became quicker and more feeble, the respiration more hurried and labored. She did not appear to suffer from pain during the whole of her sickness, and was quiet until the 30th, when she was generally anxious and restless during the day, and on the evening of the 30th death put an end to so unequal a contest.

Autopsy.—I was unable to procure an examination of this body till the very hour before the burial services—thirty-six hours after death. Of course, for want of time, I confined my attention to the abdominal cavity. The general complexion of the body was dark, with a yellow tinge—a bronzed skin. The peritoneum was somewhat injected, and slightly studded with rose-colored spots. The stomach and duodenum contained various medicines, mixed with some food, and all but little changed; there was no appearance of inflammation about any portion of the alimentary canal. The liver was darker than natural, and much softened, as were all the glands of the cavity. The gall-bladder was of a natural size and of perfect integrity of structure, and about two thirds filled with a dark-colored bile of a jelly-like consistence; there was in the vicinity the appearance of a greater than usual exudation of bile. The kidneys, and especially the left, were enlarged and softened. But the principal object of interest was the colon. From the cæcum the ascending and transverse portions were largely distended and filled with a mass of a leaden or clay color, of the consistence of thick mortar, but possessing much greater adhesiveness; it had no fecal odor. There was not a uniform consistence to this mass—some portions, which appeared to have been originally lodged in the pouches, being firmer, and requiring a strong thrust with the handle of the knife to break them. The density, at the acute flexure in the left hypochondrium, was likewise greater, shutting up the intestine at that point, as by a valve. The pouches of the colon were obliterated, and the whole organ seemed to have lost its elasticity. A glance at the thoracic organs sufficed to show that there was no morbid alteration of structure in them.

I would remark, in conclusion, that I could not discover any exciting cause for the above-mentioned results, save the eating of so many berries

on the 10th of July. But here the great difficulty is not solved. We find it difficult, if not impossible, to form an opinion upon the antecedent condition of the *primæ viæ* rendering it so susceptible to impression—or the state of the brain and nervous system, animal or organic, contributing to the result; upon the nature of the shock produced upon the system by the introduction of that quantity of crude vegetable matter; or upon the existing state of the system from the 10th to the 30th; that there should have been no nervous sensation, answering to the pressure of so much *fecal* matter in the rectum and colon, and that there should not have been produced pain or uneasiness by the administration of the most irritating articles of the *materia medica*. Interesting questions might be multiplied, but they will occur to the minds of any who may read this article.

TH. R. CROSBY.

Meriden, N. H., May 7th, 1844.

P. S.—It may perhaps be asked by some, whether this case might not have demanded an opening into the *cæcum*, and the forming of an artificial anus? The reasons which prevailed to leave untried such an operation, were the previous health of the patient, the extent to which the colon was impacted, and the paralysis that existed throughout the entire alimentary canal. Query—Did death ultimately occur in this case by the extension of the paralysis?

EPIDEMIC ERYSIPELATOUS FEVER.—NO. V.

By J. A. Allen, M.D., Middlebury, Vermont.

(Communicated for the Boston Medical and Surgical Journal.)

PUERPERAL FEVER.—In the form of epidemic puerperal fever the disease appeared at Lyons, in the *Hotel Dieu*, in the year 1750, and made shocking havoc among the puerperal women, and Ponteau regarded it as an *epidemic erysipelatous inflammation of the peritoneum*. The same opinion of the nature of this affection was entertained by Dr. Lowder, and Drs. Home and Young of Edinburgh, who saw the disease in its epidemic form in the lying-in wards of the Royal Infirmary. How so clear-minded a writer as Dr. Gordon, in his account of the disease at Aberdeen, could have arrived at the conclusion that the erysipelas and puerperal fever were "*concomitant epidemics*," since he avers that "*a very frequent crisis*" of the puerperal fever was "*by an external erysipelas*," is really unaccountable. A change of location does not imply a change of character, but, on the contrary, a change of place implies an identity of character. Otherwise, a metastasis or re-percussion of disease is an incongruity.

In epidemic erysipelatous puerperal fever this metastasis occasionally has occurred. When it passes from the internal location to the surface, it denotes a favorable event. Dr. Nunneley, in his treatise on erysipelas, refers to Dr. Hutchinson, of Nottingham, who had observed two cases of

this description. "In one instance of puerperal peritonitis, erysipelas began in the left labium pudendi and extended over large surfaces of the body, accompanied with *vesication and sloughing of the cellular membrane*; in the second case there was repeated alternations of puerperal peritonitis, and erysipelas on the surface." In another instance, Mrs. R., of Nottingham, had puerperal fever in a severe form; in December, 1839; an erysipelas appeared upon the nates and extended over the *whole trunk and extremities* as the disease was subsiding.

Other facts, in corroboration of the identity of erysipelas and puerperal fever, are the analogous symptoms manifested in each variety of the complaint, when by metastasis, or otherwise, it locates on the abdominal viscera. The extreme tenderness of the abdominal parietes, the internal pain, the chills, rigors, and general distress, are equally severe, both in the male and female, when the peritoneum or its embraced organs are affected with erysipelatous inflammation, as in child-bed cases; and the appearances on dissection in these cases are *nearly alike*. Two cases of the child-bed species, and two of the epidemic erysipelatous cases, have been carefully observed by the writer, and no essential difference could be detected on dissection; and Drs. Hall and Dexter have published, in a late No. of the American Journal of Medical Sciences, one case of dissection after puerperal fever, and two after erysipelatous inflammation of the pelvis and abdominal viscera. and a very close resemblance is presented in their report.

Nunneley, borrowing the idea from Dr. Ferguson, observes, "It is also remarkable that the blood, both in erysipelas and puerperal fever, is found to be similarly changed, as though mixed with some foreign matter, and decomposition in both cases takes place earlier than usual." This is an important fact, and must have been noticed by medical practitioners who have been conversant with epidemic erysipelatous fever in its several forms.

These facts, and others might be adduced if the occasion appeared to demand, go to sustain the position, that at certain epidemic periods, *puerperal fever* "is only one form of a diffused inflammatory action, which, when it is exhibited upon the surface of the body, is called *erysipelas*."

This conclusion has reference to one form of puerperal fever only. Other forms obviously do prevail, not only sporadically, but often quite extensively as an epidemic. During the prevalence of any of the exanthemata it may assume their character. It is thus sometimes amassed under *variola* or *rosalia*. In these instances it generally proves fatal. One case of the latter form has fallen under my own care. Writers upon puerperal fever generally have neglected to attend to the prevalent diseases, or to what Sydenham appropriately called "*the constitution of the year*." Attention to this subject would have prevented the serious discordance which so extensively abounds among this class of writers. "They have seen and described epidemics differing," says Dr. Locock, "in their type, their local accompaniments, and their power of being influenced by remedies, and hence, honestly stating exactly what they saw, we have an explanation of what would otherwise appear contradictory." The puerperal cases in Westminster Lying-in Hospital, during the spring

of 1838, in the severe instances "were attended by petechial eruptions precisely similar to the *spotted* fever which was so prevalent at that time in the London Hospitals."

The *puerperal fever*, Dr. Collins informs us, has on several occasions become epidemic in the Dublin Hospital when *typhus* fever prevailed in the city, and at other periods when *erysipelas* was frequently met with. In one instance, a patient was admitted laboring under a bad form of typhus fever, with *petechial spots* over her body. Two females, who occupied the beds adjoining hers, were attacked with *puerperal fever* and died. "In October, 1827, a patient having typhus was admitted at night into one of the wards containing four beds, where she remained for some hours. The *three women* occupying the other beds were attacked with puerperal fever, of whom *two died*. Dr. Collins continues, "in *four epidemics* which I have witnessed, the symptoms were usually of the *lowest typhoid* description, the pulse being so feeble and indistinct as to make you dread in many, even the application of leeches; the patients in several instances of this form of disease, exhibiting the appearance of those laboring under *cholera*." In some, Dr. C. found the fever accompanied with symptoms indicative of the most active inflammation. There is, he remarks, probably not any other disease which exhibits a greater diversity of character in different situations, and even in the same situation at different periods. In 1838, when puerperal fever was remarkably prevalent and more fatal than was ever before known in the London Lying-in Hospital, it was, says Dr. Locock, "precisely like that form of typhus fever which often arises from exposure to similar miasmata." In this instance, the fever was produced by a sewer which had become exceedingly foul and offensive. Dr. R. Lee, in his treatise on puerperal fever, has reported several cases whose *post-mortem* appearances exhibited the characteristics of *uterine phlebitis*, in which the symptoms had resembled those which are observed in the worst forms of *typhus*.

The preceding facts are sufficient to show the great diversity of character which puerperal fever may assume. It is in its epidemic form a species of parasite. Its essence or pathological character is in a great measure dependent on incidental, collateral or surrounding circumstances. During the prevalence of specific epidemics, it not unfrequently becomes epidemical, and is merged in the character of the prevailing disease. While Dr. Collins was master at the Dublin Lying-in Hospital, from 1826 to 1829, puerperal fever was of a low, typhoid type, and typhus fever with petechial eruptions was prevalent at the same time in the city. When epidemic erysipelatous fever prevails, it becomes erysipelatous, as facts have already been adduced to prove. In 1841, when our last erysipelatous epidemic commenced, I informed several of my medical friends that we should soon have again to encounter another *puerperal epidemic*. In a few days, my friend Dr. Z. Bass requested me to visit a case with him, saying, "It is just like the child-bed cases of 1826." It was so, and proved fatal, as all the others did which occurred at this time.

Is puerperal fever contagious? The facts in relation to this question

which have fallen under my own observation are the following, and are confined mostly to child-bed cases during the prevalence of erysipelatos fever. In the winter of 1825 and 26, epidemic erysipelatos fever prevailed very generally in Middlebury, and proved quite fatal. Soon after the commencement of the epidemic erysipelas, child-bed cases began to occur, and proved mortal. The physicians in attendance almost daily for several months met in consultation, and were constantly engaged in visiting erysipelatos and child-bed cases. About sixty cases of accouchements were attended by the Middlebury physicians during the prevalence of the epidemic, and *seventeen of these had the puerperal fever.* And in the winter of 1841 and 42, during the recurrence of the epidemic erysipelas, there was the same intercourse among the physicians, and the same promiscuous attendance on both child-bed and the distinctly-marked erysipelatos cases, and about the same proportion of those who endured parturition had puerperal fever. During this period there were only about twenty accouchements, and *five cases of child-bed fever.* In the winter of 1841 and 42, when the erysipelatos epidemic fever prevailed at Crown Point, N. Y., my friends, Drs. Haile and Goodrich, had *over sixty cases of accouchement*, and of these *fifteen or sixteen* had puerperal fever, and died. From these facts it would seem that the same conclusion must be drawn which Hey, in his treatise on puerperal fever, draws from similar results at Leeds. "If," says he, "the puerperal fever of Leeds was infectious, which by many it was thought to be, *it was so in a very inferior degree to that of Aberdeen*; for I have known instances of free communication, by the intervention of others, between women in labor or child-bed, and those afflicted with the disease, without any bad consequences." Dr. Hey also informs us that "*erysipelatos inflammations prevailed during the whole period of the puerperal fever.*" Were not the child-bed and the erysipelatos cases identical?

[To be continued.]

DR. PAINE'S DEFENCE OF HIS INTRODUCTORY LECTURE AGAINST
AN ATTACK BY THE MEDICO-CHIRURGICAL REVIEW.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I see by the April No. of the Medico-Chirurgical Review that that Journal, after being long passive under my "Examination of Reviews," has ventured upon a misrepresentation of the objects of my humble Introductory Lecture "ON THE IMPROVEMENT OF MEDICAL EDUCATION IN THE UNITED STATES," delivered before my Medical Class at the session of 1842-3.

The Journal is pleased to complain, in the first instance, of my efforts to counteract the wretched speculations by which Liebig, and such followers of his as the Medico-Chirurgical, are attempting to overthrow the great fabric of medicine. The Journal is quite welcome to its lament over my successful efforts in that particular; and, having accomplished the task which I had prescribed for myself, I shall pass on to the Reviewer's misrepresentation of the main object of my lecture.

The Reviewer remarks that the lecturer proceeds to consider the “ ‘ *Improvement of Medical Education*,’ by which, however, we very soon found, to our utter astonishment, the learned lecturer means neither more nor less than *lowering* the standard of professional requirements.”

Whoever may have read my “ *Examination of Reviews* ” will not be surprised to learn that the foregoing statement is *utterly false*, and that the objects of the lecture are exactly the reverse. The whole article, turning upon that misstatement, is equally a tissue of misrepresentations. It was, however, a fitting occasion to strike a blow at all my former efforts, by representing me in the attitude of discouraging those profound attainments in medicine for which I have so long and laboriously contended. And yet who, for a moment, can believe that one, like myself, who has devoted his life to the cultivation, if not to the improvement, of medicine, should, after a life of such unintermitting toil, have become, at last, recreant to the great cause for which he has been thus long an unflinching champion?

The Reviewer is also false in attempting to convey the belief that my remarks on the “ *Improvement of Medical Education* ” were designed to be of universal application; whereas they were wholly and expressly limited to the existing state of society in the United States; nor is there a word said by the Reviewer of a main intention of the lecturer to sustain the medical colleges in the interior of this country.

No one laments more than myself the difficulties which render impracticable in this country, at the present time, the high professional requirements which are so noble in some of the Continental schools of Europe. Nevertheless, I have no objection to a comparison between the practical habits of British and American physicians, and it may be a profitable lesson to the Reviewer if he will advert to the sentiments of his own distinguished countrymen upon that subject as set forth in my *Medical and Physiological Commentaries*, Vol. 2, p. 664—675. And, when I regard the satirical manner in which the Reviewer is pleased to indulge his humor towards the whole profession in the United States, I might, in a spirit of resentment, refer him to many late Nos. of the *London Lancet* for vivid descriptions of the existing state of medicine in Great Britain; but this is neither conformable to my taste, nor would it comport with my sense of justice towards a large body of British medical philosophers. And yet, should I not offer an example of the general bearing of this periodical towards the medical literature of a country whose imperishable glory is largely connected with that literature, and which has so recently derived fresh lustre from many brilliant gems of the “sea-girt isle,” it might be imagined that my reference to the *London Lancet* is without foundation. Let us, therefore, have an example from that far-famed periodical of its late patriotic exhibition of British medical literature. Thus, then, the *Lancet* :—

“ First,” says its veteran editor, “ with respect to works on pathology and the practice of medicine. If we seek among English writings on these subjects for works like those of Andral and Louis, Chomel and Piorry, and a host of other distinguished French practitioners, we shall

assuredly seek in vain, finding little that is for a moment comparable with them, either in originality of observation, or richness of materials." Again; "look, for example, at the state of British physiology. Of what does the great majority of our books on this subject consist? Of compilations; of old views cooked up as new discoveries; of annotated translations; or, at best, of able and comprehensive digests of materials that were already before the public in other forms. Compared with the profound and original works which are continually issuing from the German press, how humiliating a contrast is formed by English medical literature."—*London Lancet*, May 6, 1843.

But my present business is with the *Medico-Chirurgical Review*, which, on a former occasion, I convicted of a coward's falsehood; for, unlike its associate (the *British and Foreign Medical Review*) in a crusade against my literary labors, it had not the spirit even to stand by its own corruption, but received, with tacit submission, the brand of infamy. Nor shall I be now restrained from again indicating, by the Reviewer's own admissions, the spirit which has hitherto prompted his misrepresentations of the labors of American physicians, and his vituperation of the American medical profession. In the article with which my unpretending lecture has been honored is a reference to a criticism on Liebig's *Animal Chemistry* in the *North American Review*, which has been so perverted by the imagination of the foreign Reviewer, that he is thrown into a paroxysm of indignation which demanded a nation's atonement. We read, for example, that,—

"With respect to Dr. Paine's learned coadjutor in the Quixotic attempt to demolish Liebig's theories, whose tirade appeared, if we mistake not, in the *North American Review* for October, 1842, we shall only say, that its *vulgar verbosity, unbecoming personalities, and rancorous hatred of everything British*, render it perfectly safe from our notice; *non tali auxilio, nec defensoribus istis tempus eget*."—*Medico-Chirurgical Review*.

Although there is *nothing* of the foregoing nature in the *Review* which has thus excited the displeasure of our critic, it nevertheless suited his purpose to have it so. And, if the reader will now carry his eye two pages farther on, in the *Medico-Chirurgical*, he may possibly learn that the Reviewer considered some pretext important to a justification of his own malevolence towards a land from which he has long derived a liberal, a generous patronage. We there find, for example, that,—

"We cannot but remark with satisfaction the fortunate condition of the University of *Pennsylvania*. The '*drab-colored men*' may well make doctors of their sons, seeing that they can pay the *matriculation fee* with other people's money. We only trust that that very fee is not *repudiated*, and that in that very respectable State there is in their dealings with each other *honor among thieves*."

Perhaps I may now respectfully ask the Reviewer what is his opinion between a fabrication which imputes to the *North American Review* "*vulgar verbosity, unbecoming personalities, and rancorous hatred of everything British*," and the actual vituperation which is perpetrated by

the same false accuser towards an honorable profession in the United States?

Here I stop; not doubting that the impartial reader will trust my affirmation that I remain, as ever, a devoted advocate of the highest culture of medical science; that my humble lecture has exclusively and ardently for its objects the interests and dissemination of that science; and, finally, may I not express the hope that I may be permitted to go on hereafter in the promotion of those objects without farther molestation, and especially without a rancorous falsification of my arduous labors in behalf of medicine.

I remain, Mr. Editor, very respectfully yours,

New York, May 9, 1844.

MARTIN PAINE.

DR. WALLACE ON MYOPIA.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 294.]

Comparison of the iris to the ciliary processes and marsupium.—

THE pupil contracts when we look at a near object—an effect which arises from simultaneous action of the iris with the ciliary body; and when the pupil is expanded by belladonna the eye is adjusted to distant objects from simultaneous relaxation. If we look at the iris in a concave mirror, or through a powerful lens, we find that the pupillary margin of the annulus minor, which is the principal seat of motion, resembles the apices of the ciliary processes; that the contractions take place only at this margin, and that the middle of the fibres of the iris do not increase in size—an effect which would take place if the membrane were muscular; just as the middle of the biceps, or of any other universally acknowledged muscle, becomes larger by contraction. The orbicular fibres are merely connecting bands, and are, by the advocates of muscularity, shown by maceration and putrefaction—a method which is certainly not adapted to exhibit muscles in other parts of the body, for by that very process they would be decomposed and dissolved. The more we compare the iris, the ciliary processes and the marsupium, together, the more do we become convinced that they are similar structures. It is not necessary that vascular membranes, in order to become erect, should possess corpora cavernosa, as some of the advocates for muscularity insist, for that tubes become erect when distended may be easily illustrated by experiment. It is no proof of the existence of an orbicular muscle that the galvanic fluid applied to the iris causes the pupil to contract, for the impression of light is thus produced on the retina, and that impression will be followed by the usual consequences. Any person may be convinced of this, by the often repeated experiment of placing a piece of zinc between the gum and upper lip, and applying the end of a silver spoon to the eyelid, when a flash of light will be perceived whenever the metals come in contact.

As the motor nerves of the eye are principally derived from the third, and from the fifth pair, whenever additional light falls on the retina or an indistinct image is produced on the retina, the impression is thence con-

veyed to the brain ; there follows a reflex affection of the motor nerves, which causes the pupil to contract, the ciliary body to adjust the focus, the external muscles to give the organ the necessary direction, the eyelids and eyebrows to be drawn together, and almost all the muscles of the face to be simultaneously affected. Whenever any part of the whole apparatus is deranged, the eye has an unmeaning stare ; as may be observed in paralysis, or amaurosis, or in some cases after the operation for squinting.

The simultaneous elongation of the fibres of the iris and of the ciliary processes, is shown by an experiment of Sir D. Brewster. "He took a piece of paper and wrote upon it the three words, **ON THE EYE**. Having placed a fold of white paper behind the word **THE**, and two folds behind the word **EYE**, he fixed the piece of paper at one end of a square draw-tube, and placed his eye at the other end, so that he could read all the words by the transmitted light of a candle held behind the paper. The word **ON** was most luminous ; the word **THE** was less luminous ; and the word **EYE** still less so. He now brought the paper as near his eye as he could, without interfering with the perfect distinctness of the word **ON**. When this was done, no exertion whatever could enable him to distinguish the word **THE**, and still less the word **EYE**. He then looked at them through a small aperture, but the indistinctness of the two last words was increased. When he made the words **THE** and **EYE** as luminous as the word **ON**, or when he brought another candle near the eye so as to force the pupil to contract still further, they could be seen distinctly."

Though acting often simultaneously, the offices of the iris and ciliary body are totally distinct : the one regulates the admission of light into the organ, whereas the other regulates the focus. The pupil is often contracted or dilated without change of adjusting power ; it is very often dilated in myopia, and almost always contracted in presbyopia, apparently by efforts of nature to remedy the defect, as the attempt at adjustment at the same time affects the iris, and a stimulus to the iris affects the adjusting organs, as may be inferred from Sir David Brewster's experiment ; and from the fact that a presbyope holds the object close to the light in order to see more distinctly.

Myopia from defective adjusting power.—When, by any cause, the ciliary processes are prematurely elongated, or the membranes of the vitreous humor or of Ammon have lost their elasticity, the individual becomes near-sighted ; when the ciliary processes are relaxed, the opposite effect or far-sightedness is produced, provided the elasticity of the retracting membranes remains. That these are the most frequent causes of the complaint we are considering, is evident from the examination of patients and from the effects of remedies ; for it has been ascertained by Professor Tully that a presbyope can do without his spectacles when under the influence of strychnine, a remedy which produces powerful contractions of muscular fibres, whereas, as has been before stated, an opposite effect is produced by belladonna.

Age and rank of myopes.—The ages of 15 and 45 are the periods of life at which vision is apt to be influenced by defective adjusting

power. At 15 there is an unusual fulness of the system, the voice becomes hoarse, the beard begins to grow, the menstrual fluid to appear, the mammæ to enlarge and the sexual organs to be turgid. The ciliary processes are occasionally over-distended, and draw the crystalline so far forward that distant objects cannot be distinctly discerned without the aid of concave spectacles. This is the time at which myopia most frequently occurs, and the complaint is for the most part confined to the over-indulged, while it is very seldom seen among the lower ranks of society. Mr. Ware, who took great pains to obtain information on the subject, says—"I have inquired, for instance, at the surgeons of the three regiments of foot-guards, which consist of nearly ten thousand men; and the result has been that near-sightedness among the privates is almost utterly unknown. Not half a dozen men have been discharged, nor half a dozen recruits rejected, on account of this imperfection, in the space of nearly twenty years, and yet many parts of a soldier's duty require him to have a tolerably correct view of distant objects." "I pursued my inquiries at the military school at Chelsea, where there are thirteen hundred children, and I found that the complaint of near-sightedness had never been made among them until I mentioned it; and there were then only three who experienced the least inconvenience from it." "Mr. Ware also mentions the instance of a youth at school, in whom it came on suddenly after anomalous nervous symptoms. He was sent into the country for the recovery of his health, with the recommendation to postpone the use of concave glasses until he returned. In ten days he died suddenly."

Puberty is not the only period at which myopia occurs. "A gentleman who had found it necessary to use convex glasses at the age of 40, began when he was 50 to see distant objects indistinctly, and was obliged to employ a concave glass (number six) for distant sight, though he still used convex glasses of the first number for reading. A woman of 50, who had become presbyopic, was attacked with dimness of sight and slight inflammation of one eye, for which copious evacuations were necessary. On recovery, she found herself near-sighted, and required concave glasses of the fifth number for seeing distant objects. In a lady who had long been presbyopic, inflammation of the eyes occurred, requiring leeches and other means. When she got well she could read without her glasses; but the presbyopia returned in a few weeks."—[Ware, as quoted by Lawrence.]

Although the ciliary processes be preternaturally distended, it does not follow that they are deprived of a certain amount of relaxation. Most myopes can read a small print at two different distances, and with a single lens of the proper concavity they can see distinctly at all distances, which they could not do without different lenses if the eye were deprived of adjusting power, as was probably the case in the instance already related, where the person was obliged to use a concave glass for viewing distant objects, and a slightly convex glass for reading.

Those who are engaged in occupations which require the long-continued employment of the eyes on minute objects, as watch makers, engravers, type setters, literary persons, &c., are more apt to become

near-sighted than those whose business it is to look at larger objects. Mr. Lawrence attended a book-sale, and found that out of twenty-three persons who were present, twelve of the number wore glasses.

Like several other affections of the eye, myopia is sometimes hereditary, the children of myopic parents being more apt than others to be affected with the disease.

DEATH BY AN OVER DOSE OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you a brief account of a case, which came under my observation not long since, of the sudden death of an individual, caused, probably, by an over dose of opium administered by a man styling himself an *Indian Doctor*. The case has caused a good deal of excitement in this vicinity.

On April 15th, about mid-day, I was called to visit a Mrs. Sleeper, who had been a little indisposed for twelve hours with a slight attack of asthma, to which she had been subject for several years; but, for the last year, had had less of it and enjoyed better health in every respect than for ten years previous. For the last eight years, I had always attended upon Mrs. S. during these attacks, which were always rather slight, and I never met with any difficulty in subduing the disease in due time. At this time, Mrs. S. having heard of the skill of the "*Indian Doctor*," thought that she must try him, and accordingly called him in about three hours before her death.

While examining the patient, and about five minutes after my arrival in the sick chamber, the "*Indian Doctor*" came in. I inquired, before the family, what had been given Mrs. S. The *doctor* replied, "antimony and ipecac." I inquired if it was the wine. He replied, "yes." I asked if any other medicines had been given. He said, "the acetate of morphia, in powder." The family say that "this powder was as large as a large pea," also that "he gave another powder, which was of lighter color and about the same size." After the above conversation had passed, the doctor left the room.

I found Mrs. S. laboring under the following symptoms. The surface of the body moist; countenance contracted; pulse slow and distinct, about forty per minute; convulsions; slow and laborious breathing; pupil contracted; congestion of the veins about the head and neck. The pulse continued to grow less and less distinct, and in about ten minutes after the "*Indian Doctor*" left the chamber, the patient was dead.

Post-mortem—about twelve hours after death, in the presence of Drs. Tripp and Renton, and my students. The patient medium size and rather spare habit. The surface of the body natural, excepting the congestion above-mentioned. The usual incision for exposing the thoracic and abdominal viscera. The lungs were healthy and natural. The heart perfectly so. The abdominal viscera were all healthy, excepting the mucous coat of the stomach, which was a little injected, showing slight

traces of inflammation. The examination was not prosecuted farther, on account of the friends wishing to move the corpse some distance.

The "Indian Doctor" left this place the next day, and where he now is, no one in this place knows. But in all probability he is located in some section of our country, where he is dealing out medicines with which he professes to have nothing to do, to the destruction of the health and lives of those who are foolish enough to consult the man, whose vacant countenance would disgrace a wigwam, where often so much talent and quick perception are seen.

Concord, N. H., May, 1844.

MORTALITY AMONG CHILDREN IN ST. LOUIS.

[Dr. V. J. FOURGEAUD has prepared some interesting statistics relating to the diseases and deaths of children in St. Louis, Missouri, during the last three years, which are published in the last Medical and Surgical Journal of that city. We copy some of the results, as they relate to a subject of general interest and importance.]

Population of St. Louis in 1841, 30,000. Latitude, 38 deg., 37 min., 28 sec. Longitude, 90 deg., 15 min., 39 sec. west of Greenwich.

In the year 1841 there were 935 deaths in the city of St. Louis:—447 of which were persons over 7 years of age; and 488 were children under 7 years of age.

The mortality among children under 7 years of age was greater than among persons over that age; the difference being 41 in favor of the latter. The ratio of mortality among children, in proportion to the whole population, was as 1 to 61. The month of July was the most fatal, both to children and adults.

In the year 1842, there were 658 deaths:—388 of which were persons over 7 years; and 270 were children under 7.

This year was peculiarly favorable, especially to children; only 270 having died, being 218 less than in 1841, and 375 less than in 1843. The whole number of deaths was 658; 277 less than in 1841, and 481 less than in 1843. This was a very moderate mortality for a city having at least 30,000 inhabitants. The ratio of mortality among children, in proportion to the whole population, was as 1 to 111.

In the year 1843 there were 1139 deaths—494 of which were persons over 7 years; and 645 were children under 7.

This shows a great increase of mortality, especially among children; 645 having died, making the aggregate number of deaths among them amount to 151 over that of all other persons over 7 years of age. July, August, September and October were peculiarly unfavorable to infants; no less than 477 having died during these four months. August, particularly, seemed to have been the most fatal for them; 209 having died in that month. The ratio of mortality among them, in proportion to the whole population, was as 1 to 46.

Thus, there were 1403 deaths among children under 7 years of age

in the course of the last three years. The number of fatal cases among persons over that age amounts to 1329, being 74 less than among children. The whole mortality in St. Louis for that period amounts to 2732, including adults and children. Thus the average mortality of this place rates at 910½ per annum, or as 1 to 33.

The four first months of the year were most favorable to children, April especially, only 25 having died in this month during the three years. July, August, September and October were the most unfavorable, especially July and August, 313 having died in the former and 322 in the latter month in three years.

During these three years, the diseases most fatal to children were, cholera infantum (238) and convulsions (147 : total, 385). The whole number of deaths among children being 1403, if we deduct from this number 297 cases *reported as unknown*, we will have 1106 *known cases*; and we will perceive that these two maladies alone (cholera infantum and convulsions) have carried to the grave more than *one-third* of the whole number of children *whose diseases were recorded*.

Respecting convulsions, we deem it only necessary to remind the reader, that generally they are but a *symptom* of other diseases, such, for instance, as encephalitis, meningitis, &c. ; they are often *sympathetic*, and produced by affections distinct from those of the nervous centres, as dentition, worms, &c. ; lastly, they may be *essential* or *idiopathic* ; but these cases are said, by our most distinguished pathologists, to be of rare occurrence. We earnestly call the attention of the profession to this subject, and entreat them to abandon the vague term, "*convulsions*," when it denotes but a symptom, and call diseases by their proper names. We urge this because, as we have already said, they are a symptom attendant on different diseases which it would be dangerous to confound. We should err in believing that during the last three years 147 children have died of "*convulsions, essential or idiopathic*;" we can only conclude, that during that time 147 have been the victims of *different diseases, having convulsions for a symptom*.

Of the 238 children who died of cholera infantum, the number of males far exceeds that of females. With one solitary exception, this was invariably the case during the summer months of the three years recorded. We know not whether this fact is of general occurrence, or whether it has been before remarked by any author. We respectfully request the physicians of other cities to examine and decide the matter. Opposed as we are to hypotheses, which have so often misled our science, and knowing no good reasons by which to account for this disproportion, so uniform in the statistics of this place for the last three years, we merely call attention to the fact, and refrain from all speculative explanations.

The deaths from cholera infantum average in Philadelphia 232 for each year ; population, 200,000. In Washington, 44 ; population, 18,000. In St. Louis, 79 ; population, 30,000.

Thus, in Philadelphia, there is 1 death from cholera infantum for every 862 inhabitant. In Washington, 1 do., 411 do. In St. Louis, 1 do., 375 do.

Thus, we see that, in other places as well as this, the disease often baffles the most skilful physicians. It is true that the mortality occasioned by this bane of infancy during the past year in St. Louis was most alarming—amounting to 238, which was in the ratio of 1 in every 126 inhabitants. But the cause of this I sincerely believe to be the *want of proper medical attendance*. I neither desire nor intend to insinuate aught against my fellow practitioners; on the contrary, our city has reason to be proud of her physicians. It is not to them, nor to their mal-practice, that this great mortality must be attributed. Mothers! it is because you neglect to seek their aid; it is because you do *not employ, or employ them too late*, that so many of your offspring are torn from your embraces. Every boat brings us a multitude of poor families unable to see a physician. True, no man deserving that title, and the respect due to it, would refuse his advice and attendance because a suffering being could not show the price of the consultation. Often money cannot pay the physician. His reward—the greatest, the noblest, is in his heart—in his conscience. A philanthropic institution has been established in this city—an institution consecrated to the poor—the dispensary. But either they know it not, or neglect to avail themselves of its aid. Old nurses and charlatans are resorted to; substances injurious, perhaps poisonous, for the infant invalid are administered in repeated doses, and the poor baby dies, less the victim of disease, than of unwise remedies employed for its relief.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 22, 1844.

Studying Medicine in Persia.—The following letter was received last week from a young brother of the Nestorian Bishop, Mar Yohanan, who travelled through the United States under the patronage of the American Foreign Missionary Society, about eighteen months ago. He is studying medicine, under disadvantages which would utterly discourage any person less determined than himself, to learn how to relieve the physical ills of his oppressed countrymen. It need not be supposed that the orthography or syntax of the letter, which we publish without alteration, is a sample of his scholarship. He writes in a language which he probably has heard spoken only incidentally, by the resident missionaries, who have no occasion for the use of their vernacular, in that distant part of the world, unless they teach it as an accomplishment to an ambitious, inquisitive native, who submits to the severe drudgery of acquiring the English language that he may acquaint himself with the literature of the people who speak it. In the Persian, Arabic, &c., the writer is unquestionably distinguished for his attainments. This is inferred from the position he holds in that society where his brother is the great, learned and influential man of the country.

On reading the communication, should any of our medical friends feel

a disposition to assist this young man in the way of sending him a few books on medicine and surgery, they would confer an important favor. Whatever may be left at this office, to be sent to him, will be forwarded by the earliest conveyance. And we recommend it to those who may have duplicates in their library, if no others sympathize in his case, to send them to the young medical student of Oroomiah in Persia.

"Oroomiah, December 21, 1843.

"JEROME V. C. SMITH, M.D.

"MY DEAR FRIEND,—My brother Mar Yohanan, told me about you. I wish very much to find some friends in America. I desire to correspond with you. I am a Nestorian man, Mar Yohanan's brother. I am studying Medical books with Doctor Wright. If you will be kind to me, will you send some Medical books for me, we have no in this country such books. Doctor Bass have send it some Medical books for me, but they are old books is. You gave one for my brother Mar Yohanan, one Smith's Class Book of Anatomy. He brought it hente; I am reading with it every day one hour with Doctor Wright. I think it is ten years I am studieing the English language. I wish very much to learn your language. I hope in God shall learn by and by, if my friends please. If you please My dear you may write for me a letter. I wish to write your language very much. I read and understand prety well, but I cannot speak very well. If shall write letters perhappys shall I learn write and speak. I wish to find a friend to write him every month that he may ansvere me. I wrote great many letters to America, and I also receive letters from them. I am very glad to write you a small letter. I think you will find very many mistakes in it, because I am not learned very well writting. Mar Yohanan send very many complements to you and to your family. He inquired after your health. If you please will you give his love to all your friends at boston, and to D. Anderson. My dear friend remember with your prayers, do not forget. I will be thankful to you, I will not forget you. I will remember all the time.

"My dear friend, our country is not so good, Mohamadens oppressing very much. They teak our daughters by force and give very much trouble for us. We pray God that he may deliver us from their hands. All your people may pray for us, perhaps God will hear their voice, may deliver us from dificultes, from oppression of the Mohammadens and sin. We pray God that he may keep your people from all dificults and harm.

"May the Lord bless you and give you kingdom of heaven and bless with all his blessings in the kingdom of heaven. Excuse this poor letter from affectionate friend Joseph Son of George of Gavalan, Mar Yohanan's brother."

Smallpox in Porto Cabello.—The following letter, under date of April 23d, from Wm. T. Mann, Esq., who is connected with the American Consulate at Porto Cabello, was received by the barque Aniti, which arrived at Boston on Wednesday last. The editor acknowledges his obligations to Mr. Mann for his polite attentions, and also, in past times, for many interesting items of medical intelligence which he has communicated for the Journal.

"Puerto Cabello, April 23, 1844.

"DR. J. V. C. SMITH.—My Dear Sir,—I have thought it would not be

uninteresting to you to learn that for some months past the smallpox has prevailed in this place. The first cases occurred here in the month of November, and were denominated, by the faculty, varicella, and not until about the last of February were they willing to admit it *publicly* as the smallpox. There has happened here, since that time, at least 350 cases. The deaths, at least 50; but those who have been properly vaccinated, have suffered but slightly. The population here is about 6000; and when you consider the state in which the lower class of people here live, and the few advantages they possess in either lodging, attendance or bedding, the loss of life may be said to be small. The great temerity of all the native population has also increased the mortality. The Port Doctor pronounces it to be contagious by the atmosphere. All the neighboring ports and interior towns placed us in quarantine—a "*cordon sanitaire*" being placed on all the roads leading inland. You may, of course, readily understand that all this has seriously affected our mercantile operations.

"Not a single *foreigner* has died with the disease, and the deaths have been confined to either the lower class of people, or those who from the fear of their friends or from some gross inattention or imprudent act did not take proper care of themselves, or were not properly nursed by others. Our Consul, in whose family I live, had eight down with it at once.

"It is somewhat singular that our neighbor Laguayra has not yet been affected by it—the nearest ports to us where it has yet happened, being Maracaybo and St. Thomas. The others must, however, I am fully persuaded, soon feel it. I am yours truly, WM. T. MANN."

*Pancoast's Operative Surgery.**—This quarto volume—one of the most costly that has ever been sent abroad—is a production of much value. Great books have been called great evils; but we are sure this cannot be said of such works as this, with a single ray of truth. Although there is no scarcity of text-books on operative surgery, yet there is a choice to be made, since some are better than others. In this country there is a commendable zeal manifested to raise surgery to the highest degree of excellence. Our surgeons have always acted with promptitude in extending a knowledge of the discoveries of foreign operators, and it is now acknowledged that many of them are themselves amongst the most successful surgeons in the world. With all the advantages growing out of an extended public confidence, the practice of hospitals, and an untiring determination not only to succeed, but to excel, a body of skilful operators has grown up in the United States; of which a nation may justly be proud. In the category of eminent men who are devoted to the interests and progress of operative surgery, is Dr. Pancoast, of Philadelphia, a gentleman of distinguished attainments—the evidence of which is the treatise before us, the largest and richest that has ever appeared in the United States on the subject of which it treats.

This work contains the very essence of all others extant, in the fewest words, interwoven with which are the author's individual views and experience. In short, it is a practical guide for using every surgical instru-

* A Treatise on Operative Surgery, comprising a description of the various processes of the art, including all the new operations, exhibiting the state of surgical science in its present advanced condition. With eighty plates, containing four hundred and eighty-six illustrations. By Joseph Pancoast, M.D., Professor of General, Descriptive and Surgical Anatomy, in Jefferson Medical College, &c. Philadelphia: Carey & Hart. Large quarto, pp. 380. 1844.

ment. There are 486 illustrations—representing the seat of operation, instruments to be used, and the positions of the operator's hands, as well as those of the assistant. This last is a peculiar advantage, which the whole profession will have occasion to acknowledge. Dr. Huston says, in his Examiner, "For the accuracy of the descriptions, anatomical and surgical, the profession need no higher guaranty than the well-known character of the author as an experienced surgeon and profound anatomist."

The artists who contributed to the completion of this beautiful undertaking, from the designer of the figures, through the whole range of lithographers, compositors, &c., down to the binder, have shown themselves masters of their several departments. Dr. Pancoast has accomplished a labor which must be gratifying indeed; and we congratulate him on the successful termination of an enterprise that is as creditable to the surgical character of our country, as it is to his own skill, energy, literary perseverance, and devotion to a calling which has already raised him to an enviable distinction.

Unfitness of Gelatine for the Sick.—The French Academy of Sciences has decided that the use of gelatine in hospitals is injurious to the patients, as it has no nutritive properties, and tends to create cutaneous diseases, as does gruel, when the effects are not counteracted by a more generous diet.

Epidemic Varicella.—A disease bearing a resemblance both to smallpox and chickenpox has appeared at Longueuil, Lower Canada, exceedingly violent in its character. More than five hundred persons, say the papers, are down with it. Vaccination is no protection, and hence it is probable that the malady is chickenpox.

Honors Abroad.—Sir Benjamin Brodie has been elected a corresponding member of the French Academy of Sciences. Dr. Mott, of New York, was a second candidate. Many medical gentlemen of this country have received diplomas, of late, from learned societies in various parts of Europe.

Dr. Howe's Fracture Apparatus.—In printing Dr. Howe's remarks on fractures, in the Journal of week before last, his explanation of the letters on the cut, which was written on a separate strip of paper, was mislaid, and its omission was not noticed till the paper accidentally came to light a day or two since. The cut was in itself so well designed, and its execution so perfect, that this omission was comparatively of little importance; still the letters on the cut need some corresponding explanatory ones, and we therefore, without hearing from Dr. H., insert the explanation here:—"a, the swathe; b b, the attachment of the swathe to the bedstead; c c, broad ligatures to confine the leg to the splint, but thrown open to show the convass bands; d, the windlass on which is wound the extending straps."

Fractures of the Radius.—Mr. O'Shea states, in the London Lancet, that in the treatment of these fractures, he usually, having first made extension sufficient to bring the fractured portions in situ, applies two splints.

the anteriorly, the other posteriorly to the fore-arm, so that when the arm is flexed, both splints are in a plane with the horizon, and, having supinated the hand as much as possible, directs his patient to keep it in that position; he thus rotates outwards, not inwards, and the consequence is a straight arm and an useful hand.—*London Medical Times.*

Medical Miscellany.—Dr. D. Williamson, has been appointed comptroller of New York.—A woman recently died in Schuylkill Co., Pa., Poorhouse, at the age of 109 years.—The buxome young widow Hahnemann, widow of the homœopathist, who resides in Paris, has given notice that she has received the degree of M.D. She says, "*I deserved the title by my labors, and it was conferred upon me by a special diploma.*"—Epidemic erysipelas is prevailing with puerperal fever at Penn's Valley, Penn. It is said also to be prevalent at Cincinnati.—Dr. R. M. Huston is president of the Philadelphia Medical Society.—An Essay on the Philosophy of Medical Science, by Dr. Bartlett, is announced; also the Practitioner's Manual, by Dr. T. D. Mitchell, of Philadelphia.—Dr. Washington L. Atlee, of Lancaster, Penn., has been appointed to the chair of Chemistry, in the Pennsylvania Medical College of Philadelphia. He has a good surgical reputation.—Dr. David Gilbert, of Gettysburg, in the same State, has been appointed Professor of Surgery in the same School.—Dr. Bartlett's work on Typhus and Typhoid Fevers, is highly praised in the British and Foreign Medical Review.—The French Academy of Sciences has awarded 1200 francs to M. Stromeyer, for having first devised and tried the operation for strabismus on the dead body, in 1838; and the same sum to M. Dieffenbach for having first performed it on the living subject in 1839.—Chloride of zinc, liquefied by exposure to the air, is said to be good for toothache.—A colossal statue of Vesalius, in bronze, eleven feet high, is to be erected at Brussels on the 18th of July, 1845.—It is thought that the late Sir Henry Hallford realized more money for his practice than any other physician since the days of Hippocrates.—Erysipelas has appeared in Norwich, Hampshire Co., and proves very fatal.—A new law respecting medical practice has passed the New York Assembly. We shall publish it next week, and also the proceedings of the Monroe Co. Medical Society.

TO CORRESPONDENTS.—A paper on the Beard, and the Proceedings of the Barnstable District Medical Society, are on file for publication. Additional papers from the second reporter of the Buckland case have been received, and are under consideration.

MARRIED.—At Sudbury, Mass., Thomas Stearns, M.D., to Miss E. Moore.—Almon Z. Bardin, M.D., to Miss Harriet N. Atwood.—At Grafton, Dr. Josiah Kirtledge, of Nashua, N. H., to Miss Susan B. Brigham, of G.—In Concord, N. H., Dr. C. T. Berry to Miss Clara D. Chadbourne, daughter of Dr. Thos. Chadbourne.

DIED.—In Sterling, Dr. Pierson Kendall, 77.—At Newport, N. H., Dr. Enoch Hazard, 72.—At Albany, Dr. Henry Green, a widely-known and much-respected physician.—At the Danish Island of St. Croix, W. I., Dr. Stedman, 61, a native of Scotland. He had been an eminent practitioner on the Island upwards of fifty years.

Number of deaths in Boston for the week ending May 18, 24.—Males, 12; Females, 12. Stillborn, 5. Of consumption, 3—scarlet fever, 5—accidental, 2—measles, 1—scald, 1—lung fever, 2—hoaxation, 1—dropsy in the brain, 3—croup, 3—old age, 1—disease of the heart, 1—unknown, 1. Under 5 years, 11—between 5 and 20 years, 7—between 20 and 60 years, 5—over 60 years, 3.

Wound of the Intestine, treated by Suture—Recovery.—On the 18th of March, 1843, a negro man (belonging to J. T., of Mercer county, Ky.) 30 years of age, strong and athletic, received several stabs, one of which, penetrated the cavity of the abdomen, midway between the umbilicus and the anterior superior spinous process of the ilium. The wound externally was about three inches in length, but not more than an inch where it penetrated the cavity of the abdomen. I saw him eight hours after the injury was inflicted, and found eighteen inches or two feet of the small bowel protruding. A moist cloth had been laid over the exposed bowel for protection; they had become partially dry and adherent. Warm fomentations were applied and the cloth removed; upon examination of the protruded bowel, a small puncture, about four lines in length, was discovered, penetrating it transversely, the mucous edges being completely inverted. Fortunately, remembering the strict injunctions given in your interesting lectures upon that subject, I adopted the course recommended by you, of closing the puncture by suture where there existed a liability to the discharge of fecal matter through the wound. A single stitch with a common sewing needle armed with silk, sufficed to close the orifice so as to prevent the escape of the contents of the bowel. With some little difficulty, the bowel was reduced without further dilating the wound. After ascertaining that there was but little if any hemorrhage into the abdomen, the edges of the wound were drawn together, and retained by three stitches, supported by adhesive straps, a compress and roller, &c. The other wounds were dressed by suture, adhesive strips and the bandage.

The patient being considerably exhausted by loss of blood from a wound on the hip involving the gluteal artery, stimulants were administered with freedom, during the dressing and for several hours after. About six hours after the dressing, when he had partially recovered from the immediate effects of loss of blood, the bowels were thoroughly evacuated by an enema of warm water.

March 19th.—Circulation rather feeble, with general languor and harassing cough, probably induced by remaining some hours in his bloody clothing—directed some mild expectorant remedy.

20th.—Less languor; cough mitigated; pulse has more force and frequency; bowels sufficiently active.

21st.—No improvement in the cough; reaction thoroughly established; slight soreness of the bowels; pulse small and tense; directed a saline draught.

22d.—Cough continues; complains of pain in the bowels, increased by pressure; pulse hard and 120 to the minute; venesection to 3x., when the pulse became soft, full, and less frequent, and the pain in the bowels greatly relieved. In the afternoon the pain returned with the tension and force of the pulse; venesection to 3viij., soon after which all symptoms of peritoneal inflammation subsided. His bowels were regulated by the use of oil and saline purgatives.

On the 25th the dressings were changed; the wounds looked healthy and were healing.

After this the dressings were regularly renewed every two or three days. The stitches closing the wound of the abdomen were not removed until the fifteenth day, in consequence of a remaining disposition to cough. In twenty days from the time the injury was received, the patient was enabled to walk out, and in six months he resumed his ordinary business.—Dr. J. D. McBRAYER, to Prof. GROSS, in *West. Med. Journal*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, MAY 29, 1844.

No. 17.

ON CHRONIC APHTHÆ.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some years ago I addressed some queries to the readers of your excellent Journal, among which was one respecting *chronic aphthæ*, or aphthous chronic diarrhœa. No person, I believe, has ever attempted an answer. Having met with several cases of the kind in the early part of my practice, and having found them very difficult to manage, so much so, as almost to be numbered among the *opprobria medicorum*, I was induced to seek aid from the older members of the profession. I wrote to a number of distinguished men on the subject, and conversed with all I could see, but still I was left in the dark. I was told by the most distinguished country practitioner within my reach, that it was a hopeless state of disease, that he had combated it for some twenty or thirty years, and that sooner or later a fatal issue was the certain result. Still, however, I thought there might be hopes; founding that opinion on the reported success of Dr. Elliotson with sulph. copper and opium in chronic diarrhœa and dysentery with ulceration of the bowels. The state of disease in question is probably the effect of ulceration of the mucous membrane of the stomach and bowels, the aphthous ulceration of the mouth and fauces alternating with diarrhœa. As my object is not speculation or theory, I shall detail two cases to show the practical result of treatment, observing, at the same time, that I have duly guarded myself in these cases against the principle of "*post hoc ergo propter hoc*;" and although to my mind these cases appear conclusive, yet I must acknowledge that my experience in the use of the remedies, in such cases, is not very extensive, therefore I offer them as practical hints to my professional brethren, and hope they will make further trials of them. I have designedly delayed reporting these cases, to ascertain not only whether they were *cured*, but whether they would *remain cured*—a circumstance which is too often neglected. Many cases are reported as cured when a favorable change is effected, while perhaps the disease recurs again with increased violence.

CASE I. A young man of sedentary habits, a student of medicine, had been in very feeble health for some two or three years; the most prominent symptoms were indigestion, pain in the right hypochondrium, and obstinate *chronic diarrhœa*. He had been treated for dyspepsia,

liver complaint and diarrhœa ; and he was firmly impressed, from consulting various physicians, that the liver was the seat of his disease. I gave it as my opinion that it was inflammation and perhaps ulceration of the mucous surface of the intestines. After prescribing the ordinary remedies, with no good effect, I advised a pill of sulph. cupri and opium, $\bar{a}\bar{a}$ $\frac{1}{2}$ gr., to be taken three times a day, and gradually to be increased to two, three or four times the quantity each dose. After using the pills for some time and increasing the dose, the diarrhœa abated, and finally left him altogether. This man is now well, and has been so for more than two years. I omitted to say that he was confined to a regulated diet and moderate exercise, to which, however, he had been subjected under other treatment. The discharges from his bowels were mostly of a light color, but sometimes bilious.

CASE. II. Miss M. E. B., a very intelligent and amiable young lady, of weak digestive organs, had labored under chronic aphthous diarrhœa for some two or three years. After trying the usual remedies for dyspepsia, diarrhœa, &c., including a low regulated diet, pustulation with emetic tartar, and blisters over the stomach, in the early part of 1842 pills of sulphas cupri and opium were prescribed, and, contrary to the usual custom of chronic patients, she followed my prescriptions attentively for some two or three months. By the way, I would remark that a chronic disease requires a chronic remedy, and chronic perseverance on the part of the patient, the want of which is too often the cause of our want of success in chronic diseases. There was slight benefit only from the sulph. cupri, and I determined, some time in June following, to use the nitrate of silver. I then prescribed pills of nit. argent. et opii. $\bar{a}\bar{a}$ 1-8 gr., to be taken three times a day, from which quantity I observed no sensible effect. I gradually increased the dose to $\frac{1}{2}$ gr. three times daily, and then very perceptible amendment was the result. Encouraged from this, and as no inconvenience was found from it, I finally increased the dose to 1 gr. nit. silver three times a day, when it acted like a charm, completely arresting the diarrhœa and the aphthous state of the mouth and fauces. From being extremely feeble, a large portion of the time confined to bed, and occasionally reduced to the very brink of the grave by the diarrhœa and inability to digest food, this young lady soon recovered her flesh and strength, with a rosy complexion, and enjoyed much better health than she had for four years. She is still free from the disease, and has been so ever since about January, 1843. She had also been affected with *neuralgia faciei*, and with a similar affection in the chest, which she referred to the heart, causing her to suffer extremely acute and agonizing pain at intervals, of which, since her recovery from the diarrhœa, she has been free. She used for the neuralgia, morphine, and occasionally quinine, given with a view to break up a seeming periodicity in the attacks of pain. Not the slightest discoloration of the skin ever resulted from the use of the nitrate of silver, though continued for six months.

It has been remarked by Broussais, that a diarrhœa continuing over thirty days is always attended with *ulceration* of the bowels. I treated an obstinate case of diarrhœa, which lasted about two months, and

which was finally suddenly arrested by bleeding to faintness. It is not probable there was any ulceration in this case. Nitrate of silver is a remedy of great power, both externally and internally.

If any person is benefited, or led to investigate these matters, by this hasty epistle, I shall be amply rewarded. W. A. GILLESPIE.
Louisa Co., Va., May 4th, 1844.

DR. TROW'S FINAL REPLY TO DR. KNOWLTON.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If the intelligent readers of your Journal failed to detect the *true* spirit of the article in Vol. XXIX., No. 19, the articles in Vol. XXX., No. 12, of your paper, will furnish a solution. Waiving the questions whether any individual has, or has not, lost his senses—did, or did not, see a vial—is, or is not, troubled with “a singular kind of blindness”—or whether, if I ever tell the truth, it is the result of mere accident—as entirely irrelevant, and vastly better calculated to sink than raise men in the scale of intellect; let us come at once to the simple question legitimately before us, viz., did I, or did I not, give a correct report of the case of Major Joseph Griswold? That the veracity of no individual should be called in question, till, by responsible, impartial, and disinterested evidence, it can be made to appear that he has forfeited that veracity, is a fact too plain to be denied. Judged by this impartial standard, I must bespeak the patience of you, Sir, and the readers of your Journal, while I review the articles of your first reporter.

In Vol. XXX., No. 8, of your paper, are delineated a very grave assemblage of symptoms in connection with the early history of Major G.; and in connection with the last few weeks of his life, I delineated an assemblage which to any member of our profession must appear alarmingly formidable! Which, among the whole catalogue, has been fairly met, and disproved? Not one. The safest course would seem to be understood, viz., to raise, if possible, a dark suspicion that all is not right, and let the symptoms alone. But we are not left to our own resources “so far as relates to symptoms presented by the patient when seen only by ourselves;” for it is not so strange a thing for the intelligent members of any community, while conversant with patients in the capacity of “nurses,” or “watchers,” to detect very many of the symptoms which I have enumerated, even so slight a one as *rather copious epistaxis*. Still, we are driven to the inevitable conclusion, that inasmuch as the symptoms to which I refer are not mentioned by your first reporter, they were never witnessed; for, as we are assured that “he scorns disingenuous statements, and his regard for truth is habitual and inflexible,” he must have given them in his report, if they had ever appeared. I have spoken, also, inutely, of the *post-mortem* appearances, and am met with the very definite and grave remark that my “report is erroneous, and defective in several important particulars.” Why are we not told *definitely* what these *important particulars* were? The first reporter

is in trouble about his eyes, because I found nothing unusual in the external appearance of the subject. The truth is, Mr. Editor, it looked as much like a *dead man* as anything. "The gall-bladder also resembled in shape and size a goose egg, even a very large one," and I said nothing about it! In the very pertinent language of Dr. Strong, "it must have been a *very small goose* that laid the egg." But, "that pancreas" is the source of trouble, and I am well aware that it may be; still, it is my most solemn conviction that if the learned gentleman who penned the article on induration to which I have alluded, had had that pancreas before him, he could not have described it more accurately. The question of scirrhus of the pancreas was not raised during the consultation which succeeded the examination, so far as I heard, and I was present every moment; and to my own, I can add the testimony of four of the medical gentlemen present, with whom I have conversed personally since that time. As the testimony of Dr. Deane is adduced, I wish simply to say, that I understood him to admit upon the spot, frankly, that the heart was in an abnormal condition, and this was the understanding of Drs. Strong, Bates and Taylor. Indeed, Dr. Deane has frankly admitted the fact to me in another place since that time; and with reference to the very definite term "pretty honest," which may mean anything or everything, I will simply notice a remark of Dr. Strong, who exclaimed, after reading the first report of Dr. K., "If this is a fair specimen of the manner in which cases are reported, Dr. Smith had better be in better business than publishing them, and his readers than reading them." Did not the term "pretty honest" mean about this—In answer to the question, have you seen, and how do you like, or what do you think of my report? You were pretty honest to say that you expected to find scirrhus of the stomach, and afterwards to say you did not find it! Though a Yankee, we shall not guess. "The attentive reader" has not failed to notice the following fact, viz., that the first reporter has labored to make it appear that I supposed disease of the heart would, and actually did, destroy the life of Major G., and that he has clung to this idea with a *death-like grasp*. But this attempt can avail him nothing in this region, where the facts are known; neither will it with the readers of your paper, when it is remembered, that, notwithstanding my diagnosis, I prognosticated favorably, and my report of the gradual recovery of the patient, while in my hands, will show with how much reason.

Again; the absence of serous effusion is spoken of as a matter of primary importance. That there was the most decided œdematous condition of the feet and legs, when the patient first came within my notice, is a fact utterly incontrovertible; and the "second reporter" *was not* "unaware" of the "importance of this symptom in making out his case," as will appear from the very prominent notice taken of it in his report. Was not the treatment of the case calculated to relieve the patient of any serous effusion? But suppose there had been no trace of effusion at any time, will the first reporter assume, that, under such circumstances, there could have been no important disease of the heart? Certainly not, unless in fact he *has* "lost his senses:" for, doing this, he must array

himself against all written authority, as well as the testimony of multitudes of living witnesses ; but, if he grant but *one* exception, his argument inevitably falls.

Permit me here to introduce the case of my lamented friend, Dr. Joseph Emerson, who (according to the account given me by my friend Dr. George Winslow) "was taken, while after his horse, with giddiness, and a sense of faintness, with difficulty of breathing, which terminated his life in a very few hours ;" and where, at the *post-mortem* examination, as I learned from the above-named gentleman, and Dr. S. Bates, the heart was found so soft, that "it could be torn even at the thickest part, as easily as wet brown paper." In this case, as both of the above-named gentlemen have informed me, there was no effusion. That the symptoms of Dr. E. bear a very important and striking resemblance in several particulars to those of Major G. when he placed himself under my care, must be apparent to every one. I might adduce the case of a relative of the family of Dr. E., who died at the age of 13, very suddenly, and where, according to the testimony of Drs. Strong and Dorrance, both hypertrophy and softening of the heart were found at the *post-mortem* examination. In this case, also, there was no effusion. I will not multiply cases.

On the 6th inst. I propounded to Dr. Simeon Strong, of Heath, a gentleman whose "discrimination, fidelity, and veracity," are too well known in western Massachusetts to be called in question, the following questions. [It will be remembered that Dr. S. was invited to visit the Major before his death, and to attend the autopsy, by Rodolphus White, son-in-law of Major G.] Does the history of Major Griswold, and the symptoms which I reported to the editor of the Boston Medical and Surgical Journal, agree with the history which you had from his friends and attendants, when you saw him on the 8th of last August ? Did his appearance at that time agree with what I have reported, and did it, so far as you could judge, corroborate my account of him ? Does my account of the *post-mortem* appearances agree with what you saw at that examination ? To all of which he deliberately and unhesitatingly answered *yes* ; at the same time he expressed his astonishment, in the strongest terms, that any individual could call in question the morbid condition, and especially the *softened* appearance, of the heart.

But I notice a different kind of evidence. In the first report, Vol. XXIX., No. 19, page 381, I read, "On the 12th of August the patient expired, the pulse remaining moderate, and the *senses entire* until near the last ;" and also, "nothing amiss about the heart, excepting *one* slight point of ossification in one of the valves, I forget which, not larger than half a barley-corn." In Vol. XXX., No. 12, page 234, I read, "Nothing amiss about the heart, excepting a mere point or *two* of ossification ;" and on page 235, "for *several days* before death a failure of the sensorial powers was very evident." If I mistake not, lawyers *sometimes* require witnesses to tell their stories several times, and if in a few important particulars these stories disagree, if the evidence is taken, it is recognized as very equivocal.

"The second reporter has spoken of the *functions* of the pancreas as obscure; but I suspect he meant *diseases* of the pancreas." The truth is, Mr. Editor, *I meant just what I said*, and to my brethren I say, "*judge ye what I say*, for I speak as unto wise men." But for the "*new wrinkle*," and "*after-thought*" of the "*second reporter*." That Dr. Deane, in the consultation which succeeded the examination, did state upon the spot, that, so far as he was able to judge, "we had not seen the cause of the man's death," and that Drs. Strong and Bates did confess the same fact, and that we were pointed successively by the above-named gentlemen to the nervous system, and the *brain* as the very *soul* of that system, while the deepest feelings of regret were expressed that the brain could not have been examined, and that to the above I distinctly *assented*, while a *dissenting* voice was not heard, are facts, we think, utterly incontrovertible. Is it so strange, then, that I did not *raise* the question?

On or about the first of May, 1841, Major G. came to me, stating that he had been troubled for some time with "dizziness and a *strange feeling* about his head, and that upon that day he had frequently been under the necessity of sitting down." He stated, also, that "Dr. Tobey had advised him to be bled at such times," and if I thought it best, he wished me to bleed him. I returned with him slowly to his house, and for the first and only time in my life (if my memory serves me), bled him freely, and had hardly arrived at home before he passed with his cart and oxen, about his usual business. Whether to have filled his *boots* with mustard sinapisms, with cold to the head, &c. &c., the "*proper remedies*," would, under all the circumstances, have been the better course, I do not take upon me to decide. That Major G. did say repeatedly, before and about the above-named time, that Dr. Tobey had advised him to be bled occasionally (giving as the reason his exposure to die suddenly), can be proved by as responsible evidence as can be found in Buckland—his letter of the 3d of April to the contrary notwithstanding. "*Tergiversation*" is certainly a bad word. Your first reporter is very careful to mention the very *important* fact that Dr. Tobey is a relative of my own (cousin by marriage), while the very *unimportant* one that Dr. S. J. W. Tabor was recently a student, and is now a son-in-law of his own, is unnoticed! "*good, honest man!*" It is but due to myself to remark, that most, if not all the medicine which Major G. took for years before his return from Boston, was prepared by me, after the form of a very judicious preparation recommended to him by my much-esteemed friend Wayne Griswold, M.D., formerly of Whitingham, Vt., now of Circleville, Ohio. Towards this preparation Major G. was very partial.

The first reporter, noticing in my report the following sentence—"That a determination of blood to the head, was the immediate cause of death, must, *a priori*, be apparent to the merest tyro in medicine," says, "*I grant it was so, and to none else!*" Well, doctor, as the point is a delicate one for me to handle, have it so if you please. But if the three gentlemen to whom I have alluded did successively raise the question to which I have called your attention, pointing to the nervous system, and

the *brain* as the very *soul* of that system, which we believe you cannot disprove, you must, upon your own premises, annex the letter *s* to the word *tyro*, while the evidence which you have adduced as your strongest fort near the commencement of your article, from *your own showing* having turned its guns against you, must unceremoniously be rejected. But I am forty years behind the time because I think that diseases of the heart are very obscure. Is it disrespectful to our profession that an M.D. should make such a statement? In the Library of Practical Medicine, Vol. II., page 547, I read—"There are no symptoms *yet known*, by which abscess or ulceration within the walls of the heart can be certainly recognized, and the diagnosis of aneurismal tumor of the organ is no less obscure. Indeed, any of the three may exist without exciting a suspicion of their presence." On page 568, we are told that "in aneurism of the septum, the symptoms are *very obscure*, and that the physical diagnosis is as yet no less dubious;" and on page 547 we are pointed to the case of Talma, where even the learned French professors were not able to detect his disease. *Query*.—Was not W. W. Gerhard forty years behind the time when he published the above, and were not the French professors in the same trouble? That diseases of the heart *are obscure even now*, will be admitted so long as the lectures or clinical instructions of a Parker, a Revere, or a Mott, are remembered. But we are told, that "it is not a difficult matter for some physicians in little Franklin to form a *very confident* opinion, in doors or out"! This point I yield at once; but it is one thing to form a *confident* opinion, and a far different one to form a *correct* opinion. The truth is, these confident opinions, from mere wayside examinations, are much more congenial to the true spirit of *quackery* than to the science of medicine in the nineteenth century. Still, I am aware that some men may have the advantage of me, so far as the "knowing look" is concerned, inasmuch as I have never been associated in the practice of medicine with a *notoriously ignorant quack*! But, I would not believe, even when I "had been told better"! Mr. Editor, I *repudiate* the idea of a conscience keeper in medicine, as much as your first reporter does in politics; for, if I am to believe one thing simply because I have been told so, then I must believe everything. On this principle, I must have believed that in the case before us there was actual scirrhus of the stomach, notwithstanding the diagnostic symptoms were not to be found; for it must be apparent, that even the "pain" or "distress," admitted after the patient had been told that his stomach was "suspected," was much like that of a student, who after poring over a treatise on stone, verily believes that he feels the pain at the end of the penis, and hastens to the post to see if he has not a sudden stoppage of urine. Standing on the broad platform of medical science, we are unwilling to grant that any individual is infallible; but, claiming for ourselves the inalienable right guaranteed to us by high Heaven, of liberty of conscience, it is, we trust, our highest ambition to grant, untrammelled, the same liberty to others; while we remember, that according to our works, "to our own master we must stand or fall."

With reference to the article from Drs. Tabor and Tobey, so far as it

relates to myself personally, it can only raise in my bosom the emotion of pity in view of the spirit which dictated it.

Permit me, Mr. Editor, to ask pardon of yourself and your readers, for having trespassed so long upon your patience, while I assure you, and them, that in future, *come what will* in reference to this subject, I shall never give it even a passing notice.

N. G. TROW.

Buckland, May, 1844.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have read with some degree of attention, and also of regret, the several communications which have appeared within the last few months in your Journal, relating to the case of the Hon. Joseph Griswold, late of Buckland, in this county. And as my name has been mentioned as one of those present at the *post-mortem* examination, I take the liberty to make a few remarks in relation to it—which, if you please, you may publish in your Journal. I presume I state no more than what is maintained by those who belong to it, and generally assented to by an enlightened community, when I say, that ours is a noble and honorable profession, to be sustained by noble and honorable means, and that the members of it should sustain themselves in the profession and in the community by such means, and such only. Hence I *regret* to see any controversy among the members of the profession, which has for its object the accomplishment of selfish and personal ends, and especially do I *regret* to see the pages of a public journal made the theatre of such a warfare, and turned into weapons of personal attack. I therefore consider it an act of pure justice to Dr. Trow, to state, that I believe his report of the examination above referred to, to be substantially correct, and also that he maintains a good standing as a practitioner—and that his character as a man of *truth and good faith* is fair and unsullied. Dr. T. and myself live in adjoining towns, and practise, in part, in the same community, and therefore may be considered as rivals in practice. I believe the regret was expressed at the time, by some, at least, of those present at the autopsy of Major Griswold, that a better opportunity was not afforded to examine the whole heart and its appendages—but that there was evidently softening, with some degree of hypertrophy of that organ, with distinct points of ossification of the valves, (semilunar, I believe), was, I think, generally admitted. That there were also evident traces or marks of disease of the pancreas—that that organ, though not much enlarged, was somewhat altered in structure, in a state of induration, was also, I believe, matter of general agreement. But in neither of these instances could we say we had discovered sufficient disease to have been the immediate cause of death. I speak now of the opinion of those who were called in from abroad to witness the autopsy, as expressed in the conference held after its close. And the opinion was also then expressed by some one, and assented to by others, that as there seemed to have been a failure of the whole man, the nervous system undoubtedly had received a severe shock, and therefore it was much to be regretted

that time and opportunity were not afforded to examine its great centre, the *brain*, as probably we should there find more striking and fully-developed evidences of disease than we had yet seen. In these opinions, if I rightly remember, Dr. Trow coincided. Respectfully yours,

Charlemont, May 13th, 1844.

STEPHEN BATES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Was not the honor of the Gemini, Justice and Truth, implicated, your patience and that of your readers should not be taxed with statements from us, relative to the case of the late Senator Griswold. Being familiar with his history after his return from Boston to the time of his decease, August 12th, we should deem ourselves highly culpable did we at this juncture withhold our testimony relative to facts as they occurred. First, let it be premised that we cheerfully concur with the report of Dr. Trow, conscientiously believing it true, from the facts that came within our own observation. Nor has it to our knowledge been challenged by any citizen who was familiar with the case; and several times have we heard it asserted, that “had no name been mentioned by the first reporter, they never should have thought it referred to Major Griswold;” but “had it been omitted by the second, they would have *known* whose case was described.” Indeed, during the last few weeks of his life, the cadaverous countenance, rolling and heat of the head; the injected eye and contracted pupil; the loss of pulse in the right arm and frequent epistaxis, were obvious, even to common observers. At the autopsy we did not understand that any one denied the abnormal condition of the pancreas or heart, for the former was somewhat indurated, and the aspect of the latter pale and flabby: the parietes were in such a case as to be easily torn with the fingers, its valves partially ossified; and its size above the normal standard—for it was measured by ourselves and the result noted. We supposed the impression was general among those at the examination, that the lesion of the organs above named “did not kill the man,” but that they “must look elsewhere for the immediate cause of death;” and a “regret” was expressed that “the head could not be examined.”

The reputation of Dr. Trow for veracity, integrity and skill, is too well known to the medical fraternity in this region to need vindication. With the highest esteem for him as a gentleman, and—we had almost said—unlimited confidence in his professional abilities, we are proud to be ranked among his friends.

ASHMUND H. TAYLOR, M.D.

Buckland, Ms., May 5, 1844.

IRA PERRY, A.B.

TOPOGRAPHICAL DESCRIPTION OF THE TOWN OF LEOMINSTER, MASS.

By O. C. Field, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

LEOMINSTER is situated 40 miles west from Boston, on the main road from the city to Greenfield and Brattleboro'. It is bounded on the north

by Fitchburg and Lunenburg, on the east by Lunenburg and Lancaster, on the south by Sterling and Princeton, and on the west by Princeton and Westminster. In *extent* it contains 18,535 square acres, or nearly 29 square miles.

Its *surface* is uneven, hilly, and, in the western part, mountainous. There is great difference in the *elevation* of different parts of the town. The common is *four hundred and fourteen* feet above tide water; the valley of the Nashua, in the eastern part, is 50 or 75 feet lower than the common; and the Monoosnok ridge, in the western part, attains an elevation of 1020 feet above the ocean. The Monoosnok Hills, and the country around and beyond them, extending in a westerly direction towards the Wachusett, comprising about one quarter part of the town, is much more elevated than the central and eastern sections—the general height of the whole tract being between 800 and 1000 feet. The surface is very rough and rocky; in fact, Monoosnok is a mass of granite. This section is mostly devoted to woodland and pasturage. From the foot of Monoosnok ridge the surface gradually descends towards the east till it reaches the valley of the Nashua—a distance of two or three miles. This is the *central section*; comprises about one half of the town, extending its whole length from north to south—a distance of five or six miles; is uneven, consisting of gentle “swells” and moderately elevated hills; and has a general elevation of 400 or 500 feet. Four or five of the hills rise 100 or 200 feet above the general level; some of them are cultivated, and others are crowned with woods.

The valley of the Nashua crosses the northern and eastern part of the town, from northwest towards the southeast; is 50 or 75 feet lower than the middle of the town, and about one mile to the north and east of the same; has a width varying from one eighth to one half a mile; is four or five miles in length; and has about 200 acres of “Interval land,” so called here, some of which is usually overflowed in the spring. The valley is occasionally enveloped with fog in autumnal mornings. Most of the land in the valley is cultivated, but is of an inferior quality, compared with the upland. The surface of the part lying *north and east* of the valley, containing about 3000 acres, is similar in every respect to the central section.

Forests.(?)—About one third of the “*Elevated*” section is covered with wood; and detached pieces of woodland are scattered throughout the town, sometimes concealing the vallies with their shade, sometimes crowning the hills with their verdure. Probably full one sixth of the whole surface is clothed with woods.

Rivers and Streams.—The Nashua River flows in the valley above described; is three or four rods in width; and is sufficiently rapid for mills and manufacturing purposes. Monoosnok Brook and two other small streams have their sources in the “*elevated*” region, and, flowing east, empty into the Nashua. They are quite rapid, and are used for mills. Neither the river nor the brooks overflow their banks to any considerable extent, and, of course, leave but little deposit for exhalation or evaporation. A part of the “Interval land,” before mentioned, forms the

only exception to this statement ; and but very little sediment is left upon this, for the river is so rapid that the water, during a freshet, rises and subsides again in a few hours. No *stagnant ponds*, no *low meadows* or *swamps* of any considerable extent.

Soil and Subsoil.—I am not sufficiently acquainted with Geology and Agricultural Chemistry to give a scientific description of the soil. It is strong and fertile for the most part ; sufficiently dry, and generally neither clayey nor sandy ; but such as is formed by the disintegration of granite, gneiss, and other rocks of the older formation. The soil is rocky, and rock-stratae underlie the surface over the greater part of the town. There are a few hundred acres between the centre and the valley, the soil of which is light, gravelly and somewhat sandy, and the subsoil coarse gravel. In the valley the soil is lighter than upon the hills, and has a subsoil of sandy clay. Compared with neighboring towns, the soil of Leominster is much superior for cultivation.

Agricultural Productions.—*Grass* is the most important production ; corn, oats, barley, potatoes and apples are raised in abundance ; wheat is successfully cultivated by many of our farmers ; and the products of the dairy exceed the consumption of the farmers themselves, though probably not of all the inhabitants.

Meteorology.—I have no means of giving any information in regard to meteorology. Perhaps the deficiency will be supplied another year.

The *population* by the last census was 2069. The general character of the people for intelligence, good habits, morality, industry and economy, certainly ranks very high. I know of no town that excels in this respect. Leominster has for the last seven years, at least, been found in the foremost rank in the cause of temperance ; and her inhabitants are industrious almost to a fault. In their pecuniary condition they are generally equally removed from great wealth and extreme poverty. A competency generally prevails. The number of families is 425 ; 20 of these families live in the “elevated part,” 25 in the valley of the Nashua, and the remaining 380 are scattered over the hills and in the vales of the central and eastern portions of the town. The number of families employed in different occupations will be seen below.

Farmers (managing farms)	-	-	-	156
Farm-laborers (working constantly on farms)	-	-	-	13
Farmer-mechanics (farmers who work at some trade a part of the time)	-	-	-	20—189
Common laborers	-	-	-	40
Comb-makers	-	-	-	86
Shoe-makers	-	-	-	15
Carpenters	-	-	-	17
Paper-makers	-	-	-	13
Blacksmiths	-	-	-	9
Traders	-	-	-	10
Professional men	-	-	-	8
Capitalists	-	-	-	7
Teamsters	-	-	-	5

Tailors	-	-	-	-	-	-	-	-	-	5
Painters	-	-	-	-	-	-	-	-	-	3
Millers	-	-	-	-	-	-	-	-	-	3
Wheelwrights	-	-	-	-	-	-	-	-	-	3
Harness-makers	-	-	-	-	-	-	-	-	-	2
Basket-makers	-	-	-	-	-	-	-	-	-	3
Milliners and mantuamakers	-	-	-	-	-	-	-	-	-	3
Butcher 1, tanner 1, tinner 1, innkeeper 1,	-	-	-	-	-	-	-	-	-	4
Total	-	-	-	-	-	-	-	-	-	425

Insane persons, 4 ; blind, 3 ; deaf mute, 1.

The whole number of deaths for five years was 172, and the average duration of life was 36 years 4 months. The number of deaths by phthisis for the 5 years was 36, showing that one in five of the deaths was caused by this disease. During the five years past the average duration of life of the *farmer* was 44 years—that of the *master mechanic*, 28 years 6 months—of the *mechanic*, 25 years—of the *laborer*, 34 years and 5 months.

RUPTURE OF THE UTERUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—On the evening of the 9th of April last, I was called on to attend the accouchement of Mrs. H. W. Palmer, the lady of the Cashier of the Bank of Whitehall. The patient, a lady of refinement and literary taste, of general good health, and about 30 years of age, had been confined three times before, at each of which I had attended her. She had for some time previously entertained fearful forebodings as to the result of her approaching accouchement. Entertaining no serious apprehensions myself, from her general good health, and observing no sensible cause for its existence on her part, I had not hesitated at all times to afford her such encouragement, whenever consulted, as I frequently had been, as would be calculated to dissipate those gloomy fears. I found her on this evening very much disposed to be cheerful, and in better spirits than usual. At 10 o'clock I was invited into the room, to take the immediate charge of the patient. She was placed on a matress, resting on her left side in the usual position. On examination everything appeared perfectly natural, except a rigidity of the os uteri ; but as this circumstance had existed at each of her previous confinements, it gave me no uneasiness at the time. Her pains were regular, and rather increasing in frequency as well as severity. I contented myself with administering a weak solution of tart. antim. ; and a disposition in the os uteri to dilate existing, the labor progressed gradually till a little before 12 o'clock, when on the occurrence of a pain of greater severity than usual, the head of the child passed down into the inferior strait and rested on the perineum. This pain caused a shriek, and was followed by the most agonizing distress, referred to different and distant organs ; the most severe of which was

referred to the stomach and cramp in the left limb. With an assurance that the next pain would finish the labor, it was waited for with great impatience. Alas! it never came. The constant agony expressed by words and actions on the part of the patient cannot well be described. With the hope of inducing a recurrence of the pains, after some half an hour had expired, she was raised up on the side of the bed; but scarcely had her position been changed, before a death-like faintness overcame her, and she was obliged to resume her former horizontal position on the couch. The head had at this time escaped from the os uteri and rested in its usual position in the vagina, but no effort at expelling it further could be induced. I sent immediately for my forceps, and endeavored to apply one blade of them to the head, but without success. The head was evidently receding. The patient, to the extent of her strength, endeavored to expel it, but it was evident that each throe of the mother placed it farther and farther from my control. As a *dernier resort*, the head of the fœtus was opened, and a firm hold secured on the bones of the cranium, which allowed the exercise of greater assistance than it had previously been possible for me to exert. All this was without avail. Counsel was called, but too late to be of use to me or my patient. I had, long before his arrival, made up my mind that a rupture of the uterus had taken place. I was assured of this more positively from the sensible alteration which had taken place in the position of the fœtus, both by its recession from the vagina, and external signs or the form of the abdomen. The pulse of the patient began rapidly to sink, the mind to wander, and without any sensible mitigation of the pain and agonizing distress, she died at 5 o'clock, P. M., five hours from the time of the last severe and protracted pain.

In the brief outlines I have here given of this case, I may have omitted some things which ought to have been noticed in place; but I do not now recollect of any matter omitted, calculated to throw light on the symptoms, treatment or termination. A *post-mortem* examination was held on the body the next day, at which Drs. Joel Green and H. W. Sprague were present by invitation, as also a number of the friends of the deceased. On removing the abdominal parietes, the first object to be seen was the body of a full-grown male child, the breech of which was forced against the diaphragm and stomach on the left side; its extremities were flexed on its body, the interstices of which, as also of the abdominal viscera, were filled with coagulated blood, about two pounds of which was removed. The placenta was detached from the uterus, and found in the cavity of the abdomen. The uterus embraced only the head, shoulders and superior extremities of the child. The rent in that organ was sufficiently large to pass the body of a large child, and extended from the neck to its fundus. The uterus, on such examination as we had time to make, did not appear to be diseased, or as having suffered from any former disease. I mention this fact, as it was suggested by a medical friend, that it possibly might be the result of some organic lesion arising from former labors. Her second child was a male, and a breech

presentation, though delivered without extraordinary effort, and was also full grown. Her first and third ones, now living, are females.

At the suggestion of medical friends, the above case is submitted for your disposal, either to publish or otherwise. Cases of this kind happen rarely, and the general interest attached to them is much enhanced in this case on account of the great respectability of the deceased.

White Hall, N. Y., May 18, 1844.

Yours, very respectfully,
D. S. WRIGHT.

BARNSTABLE DISTRICT MEDICAL SOCIETY.

[Communicated for the Boston Med. and Surg. Journal.]

THE annual meeting of the Barnstable (Mass.) District Medical Society was holden at the Court House in Barnstable, on Wednesday, May 8th, at ten o'clock, A. M. The Treasurer's Report was read and accepted. The following officers were chosen for the current year :—

Drs. Aaron Cornish, *President*; Henry Tuck, *Vice President*; James Ayer, *Secretary*; John Harpur, *Treasurer*; E. W. Carpenter, *Librarian and Curator*. And the following Fellows were selected as candidates for Counsellors for this District, to be presented to the Parent Society for election, namely :—Drs. Benj. F. Seabury, John Harpur, and Elijah W. Carpenter.

Several interesting specimens of Pathological Anatomy were presented, accompanied by the histories of the cases and other useful remarks. Of which were :—

CASE I. *Spina Bifida*. This consisted of a large tumor, of the size of a man's fist, of a considerable degree of consistence, connected with one of the lumbar vertebræ. The spinous process of the joint was deficient, and the connection between the spinal cord and tumor was very apparent. The mass had been punctured, but without any permanent diminution of size.

II. *Intussusception of the Intestine*. This case was that of a child. The intussusception was complete; the parts were thoroughly impacted for the extent of four to six inches, closing up the passage of the canal. The symptoms were those of colic, incessant vomiting and obstinate constipation. The nature of the disease was suspected, but admitted of no remedy.

III. *Perforation of the Small Intestines*, with elliptical patches, and inflammation of Peyer's glands, occurring in a case of typhoid fever. This was a beautiful specimen, illustrating precisely Louis's doctrine of Dothin-Enterite. The perforation was the size of a quarter of a dollar; and the glands of Peyer and Brunner exhibited the different stages of irritation, inflammation and ulceration. The dissection forcibly exhibited the imminent hazard of the empiricism which had been freely employed in this case.

IV. *A Polypus Uteri*, much larger than a goose egg, was presented. Its consistence was soft, insomuch that the neck was detached from the os

uteri in its removal. The patient had suffered much from hemorrhage, and, when the nature of the disease was detected, was too far exhausted to bear the application of a ligature for its removal. She died from exhaustion.

A spirit of harmony pervaded the doings of the Society. A desire for mutual improvement was manifested by all the members; and a wish was expressed, that every individual should come to the meetings prepared to contribute something to the interest of the members. The efforts of the Society are directed exclusively to the promotion of medical science. Free conversation on medical topics is indulged at these sittings. The Society holds its annual meeting in May, and a semi-annual one in September. Many valuable medical periodicals are taken by the Society.

JAMES AYER.

Sandwich, May 16th, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 29, 1844.

Public Hygiene.—A committee of the Counsellors of the Massachusetts Medical Society made a report some time since, which was published, on the subject of Public Hygiene. In order to carry out the purposes of the institution, in a proposed statistical investigation, the co-operation of every member of the Society is necessary. It is desirable to obtain, says the report, the topography, and moral and physical condition of the people of every place, in order to ascertain the endemic and other influences upon the health of the inhabitants. The committee made a judicious and excellent arrangement of the course to be adopted, in order to obtain the facts most desirable to be collected. But, alas! all men have not the same amount of zeal. Some persons have an innate love for registering the minutest variations of the wind and weather; others are anxious to have the law oblige certain public functionaries to record a class of matters that to many appear to be of no earthly importance. It is really unfortunate for science that physicians, generally, have not more leisure for penning the results of their observations. Scarcely one in a hundred in Massachusetts, it is feared, will trouble themselves to note particulars like the following, which are desired by the committee.

"1. The temperature of each day, as measured by uniform thermometers.

"2. The varying pressure of the atmosphere, measured by uniform barometers.

"3. The amount of rain that falls, measured by uniform rain-gages.

"4. The number of fair—cloudy—stormy days.

"5. The direction, &c., of the winds.

"In regard to the civil and social condition of the citizens, the following circumstances should be referred to, viz. :—

"1. The amount of population of the town.

"2. Their general character for intelligence—habits—morals—industrious, economical and pecuniary condition.

"3. The number of families employed in different occupations.

"4. The insane—blind—deaf mutes."

However desirable it may be to collect the exact statement on all the points referred to above, we apprehend that many years will elapse before much progress is made in obtaining it. Yet Dr. Field, of Leominster, has set a good example in the answers he has returned to the questions proposed, as may be seen in the Journal of to-day. Other members of the Medical Society will doubtless do the same; and it would give us pleasure hereafter to record, that, notwithstanding our apprehensions, it had been done generally by the members.

*Outlines of Pathology.**—In the series of that exceedingly profitable class of medical books for the library of a physician, which are constantly emanating from the press of Messrs. Lea & Blanchard, of Philadelphia, is Dr. Alison's well-known and popular work on Pathology and Practice of Medicine. A biographical sketch of the author, were it practicable to give it in connection with this hasty notice of one of his most able productions, would show that he has attained a distinction which any man might covet in the walks of professional life.

The treatise to which these remarks especially refer, is a well-proportioned volume, of 424 pages, large-sized octavo, divided into three natural divisions. Part I. treats of cases of sudden death; diseases in general; remote causes, and the means of cure; action of remedies, and the evidence of their efficacy. Part II.—Febrile diseases; inflammation of the air passages and lungs; inflammation of the bloodvessels; of the viscera; of the nervous system and organs of sense; of the organs of locomotion; of the integuments. Next—fevers, properly so called, and idiopathic fevers; and, lastly, eruptive fevers and contagious exanthemata. Part III. This last division is exclusively devoted to the consideration of chronic or non-febrile diseases in general. The order of arrangement is natural, and the manner of treating the subject of each consecutive chapter gains the respect and confidence of the reader, the further he progresses.

Dr. Alison is lucid, and yet vigorous, and does not fatigue with unnecessary details. As a practical guide in the administration of remedies, he may be safely followed; and in the description of symptoms, or the general philosophy of medicine, he has no superiors, although he may have equals.

Prosecution for Malpractice.—An occasional allusion has been made, heretofore, to the prosecution of Dr. Colby, in the northern part of Vermont, for alleged malpractice in surgery. He has been tortured under the legal screws nearly as much as a man can bear—his case having been protracted from year to year, and from court to court.

As nearly as we can understand the matter, the case is after this sort. Some time in the year 1836 or 37, he was prosecuted by Nelson, on a charge of mismanagement in a case of surgery. He was called to the

* *Outlines of Pathology and Practice of Medicine.* By William Pulteney Alison, M.D., &c. Philadelphia: Lea & Blanchard. 8vo., p. 424. 1844.

plaintiff's wife in, 1833, and pronounced that she had a fracture of the neck of the thigh-bone. The complainant says, splints were applied, and the patient was subjected to a long and unnecessary confinement; and that in consequence, insanity was produced. The grounds of the allegation were, that the patient, after the injury, did sustain part of the weight of the body on the injured limb—and that by the assistance of a person supporting her on each side, she stepped some two or three steps; that before the splint was applied, the patient drew up the limb in bed, nearly to a right angle, and turned over, and recovered without lameness. The plaintiff contends, therefore, that these are evidences that no fracture had ever existed.

The defence by Dr. Colby, is in this wise. A consultation, at the time of the injury, pronounced the case a fracture of the neck of the femoris. The limb was three quarters of an inch shorter, by measurement, than the other. Crepitus was recognized, as sworn to by Nevill. He avers that her insanity was a religious monomania, she having been subjected to much religious excitement. He asserts, too, and all surgeons will sustain the opinion, that some power over the limb often exists after this kind of fracture. Even if no lameness was felt, it was no positive evidence of the non-existence of previous fracture. Since the last trial, Mrs. Nelson has died—and some bones, said to have been those of the patient, have been carried as far as New York, for the examination and opinion of surgeons. In the mean while, the defendant asserts that the internal changes described in certain depositions, touching these bones, as the result of fracture, do not take place, and cites the authority of Dupuytren and Amesbury to sustain the position.

This is barely an outline of what we consider a hard case, which seems destined to have no more of a termination than an English suit in Chancery, which lasts as long as the money holds out. Dr. Colby has our warmest sympathies. We consider him an abused man, and regret that he could not have had a hearing before an enlightened jury of Massachusetts, where his high attainments in medicine and surgery would have been appreciated, as they are in the profession at large wherever he is known.

If Dr. Colby will take the trouble to possess himself of various specimens of fracture of the neck of the femoris, in the cabinet of the Medical College of Cincinnati, which we have examined with peculiar satisfaction, he can confound his persecutors, if he has any in the back ground, with the most cogent of all testimony—specimens of fractured bones, under circumstances analogous to those in which he found Mrs. N. Her melancholy death will ultimately lead, we trust, to his triumphant acquittal from all blame, and from all the embarrassments growing out of this vexatious prosecution.

Cæsarean Operation.—Dr. M. F. Mignault, of this city, performed this operation not long since, the particulars of which are expected for publication. The necessity for resorting to it was exceedingly urgent, in consequence of a rupture of the uterus. Both mother and child died, but the latter was born alive, and had a resort to art been sooner made, it was thought it might have been saved. Whether the Cæsarean operation has ever been resorted to before in Boston, or if so, when, we have not the means of knowing at this moment.

The Pennsylvania Hospital.—The annual published Statement of Accounts, &c., of this ancient institution, for the present year, has been received. We learn from it that the total receipts for last year were \$65,138 69. Of this amount, more than \$24,000 were taken in payment for board of insane patients, and more than \$20,000 for interest on bonds and mortgages, rents, legacies, &c. The amount of payments for the year is put down the same as that of the receipts, though the actual amount of both, after deducting balances and financial negotiations, is much less than this.

The number of patients admitted during the last year, was 938—667 poor patients, and 271 paying ones. There were discharged during the year, 922, leaving 89 at its close, on the 27th of April. Of the 938 persons admitted, 473 only were natives of the United States; and of the foreigners, 348 were Irish.

Since the establishment of the institution, in 1752, there have been admitted 41,053 patients, of whom 22,595 were poor, and were treated at the expense of the Hospital. Of this whole number, there have been cured 25,693; died, 4,261; pregnant women safely delivered, 991; infants born in the Hospital and discharged in health, 933. Besides these, during the last three years there have been admitted into the Hospital for the Insane, 381 patients.

Practice of Physic and Surgery in the State of New York.—The following act was lately passed by the Senate and Assembly of New York. Section 1. The 22d Section of Chapter 14, Title 7, Part first, of the Revised Statutes, and all other provisions of said Title, and all other laws of this State, which prohibit any person from recovering, by suit or action, any debt or demand arising from the practice of physic or surgery, or a compensation for services rendered in attending the sick or in prescribing for the sick, are hereby repealed.

§ 2. The act entitled "An Act concerning the practice of Physic and Surgery in this State," passed April 7, 1830, is hereby repealed.

§ 3. No person shall be liable to any criminal prosecution or to indictment, for practising physic or surgery without license, excepting in cases of malpractice, or gross ignorance, or immoral conduct in such practice.

§ 4. All and every person, not being a licensed physician, who shall practise or attempt to practise physic or surgery, or who shall prescribe for or administer medicines or specifics to or for the sick, shall be liable for damages, in cases of mal-practice, as if such person were duly licensed to practise physic or surgery.

§ 5. Any person who shall practise physic or surgery, or prescribe medicines, or specifics for the sick, and shall, in any court having cognizance thereof, be convicted of gross ignorance, malpractice or gross immorality, shall be deemed guilty of a misdemeanor, and liable to a fine not exceeding three hundred dollars, or imprisonment in the county jail not exceeding twelve months, or both, in the discretion of the court.

Monroe County Medical Society.—The annual meeting was held at Rochester, N. Y., on Wednesday, the 8th inst. The President, Dr. Webster, laid before the meeting the medical legislation of the late session of the Legislature, with appropriate remarks relative to its bearing on the profession—a subject which subsequently elicited considerable

discussion. Two resolutions were offered by Dr. Reid, which after various amendments and no little debate, were passed as follows.

Resolved, That the members of the Monroe County Medical Society concur in the wisdom of the late act of the Legislature, by which irregular practitioners are allowed to collect their fees and are made liable to actions for malpractice, and believe that the interests of the public and the profession will be thereby promoted.

Resolved, also, That it is the duty of all licensed physicians to maintain and cordially to support the present organization of the County and State Medical Societies.

The following, submitted by Dr. Armstrong, was passed, on motion of Dr. Strong.

Resolved, That in the absence of any legislative protection, we are bound by a sense of justice to ourselves, as well as to the community at large, to adopt such means of protection as our peculiar circumstances and position in society will allow; particularly by cultivating ourselves, and by requiring from those about to be initiated into the profession, a high standard of professional qualification, and by repudiating and discountenancing every form of quackery, regarding all professional fellowship either with it or with those who practise it as alike dishonorable to ourselves and injurious to the public.

Dr. Edson's resolution was next adopted:

Whereas, by a law recently passed by the Legislature of this State, all persons, whether licensed or not, are authorized to practise and collect their fees, it is not any longer important to Homœopathists, or other irregular practitioners, to continue members of this Society; therefore

Resolved, That all such persons be, and they are hereby requested to withdraw their names from the list of members of the Monroe County Medical Society.

The following gentlemen were elected officers:—E. W. Armstrong, of Rochester, *President*; Socrates Smith, of Rush, *Vice President*; W. W. Ely, of Rochester, *Secretary*; P. G. Tobey, do., *Treasurer*. James Webster, J. B. Elwood, W. W. Ely, M. Strong, P. McNaughton, Davis Carpenter, China Smith, *Censors*.

The Society then adjourned to the Irving House to dinner, and subsequently to the rooms of Messrs. J. C. & D. Hyatt, pursuant to their invitation to examine their newly-constructed manakin, in plaster; in reference to which, the following resolution was adopted:—

Resolved, That we have inspected with much pleasure the manakin constructed by Messrs. J. C. & D. Hyatt, and consider it highly creditable to the enterprise and ingenuity of the artists, and deserving of the attention and patronage of the profession.

TO CORRESPONDENTS.—A Report of a Case of Diseased Ovaria, and Notes of a visit to the New York and Philadelphia Medical Schools, have been received.

MARRIED.—In Boston, Benjamin B. Appleton, M.D., to Miss K. E. Thompson.

DIED.—At Plymouth, Mass., the venerable James Thacher, M.D., aged 90.

Number of deaths in Boston for the week ending May 25, '86.—Males, 14; Females, 22. Stillborn, 7.
Of consumption, 4—scarlet fever, 4—croup, 2—old age, 3—inflammation of the lungs, 1—lung fever, 4—disease of the heart, 1—accidental, 1—infantile, 2—burn, 1—dropsy in the brain, 2—marasmus, 2—amenorrhœa, 1—measles, 1—cankerrash, 1—disease of the brain, 1—cancer, 1—apoplexy, 1—teething, 1—decline, 1—inflammation of the bowels, 1.

Under 5 years, 19—between 5 and 20 years, 3—between 20 and 60 years, 8—over 60 years, 6.

Case of Obstruction in the Intestinal Canal, terminating favorably on the Ninth Day by Spontaneous Vomiting. By Sir G. LEFEVRE, M.D.—The subject of the present case was a little girl, of twelve years of age; of a very delicate constitution, strongly-marked scrofulous disposition, and with very feeble digestive powers, so that she was unable to digest fruit or vegetables. She had been attacked by epidemic autumnal cholera, which prevailed amongst children in the town where she was residing, and which yielded to the usual mode of treatment. Soon after the termination of this she was attacked by a disease of an opposite nature, and became obstinately constipated, whilst the stomach rejected everything that was taken. Purgatives had been employed in every shape, but without effect; leeches had been applied to the abdomen, which had been fomented freely. Such was the history of the case which I received previous to my seeing her on the 27th of August, in the afternoon. [Continual vomiting of green bilious fluid, but without much effort, was then the most annoying symptom. Small doses of prussic acid in almond milk checked the vomiting some hours. Croton oil was given internally and by clysters, and bladders of ice were applied over the belly. The matter vomited on the 30th was evidently from the ileum, and the stricture seemed to be about the caput cæci. Water was injected by a long elastic tube, which was introduced into the rectum and carried to the colon, producing distress, but no relief. On the 31st all the symptoms were worse, and she seemed about to die. She was removed to a cooler room, and being much fatigued, a glass of Maderia wine was given her, when she immediately threw up three pints of a dark-green fluid.] She experienced immediate relief and breathed more freely, and the upper part of the body became more loose and compressible. I gave her some more wine, which remained on her stomach; she had no more nausea. Constant friction was maintained over the abdomen, and injections of vinegar and water were repeated every hour. The first was returned without being accompanied by any solid matter, but had a fætid smell. The second was accompanied by pieces of flocculent matter, of a membranous appearance, and the fluid returned was horribly fætid, like putrid water in which flesh had been macerated. She was enabled to compress the abdominal muscles and make an effort to go to stool, which the previous great distension, paralyzing the action of the muscles, had prevented her from doing. Much of this membranous matter came away after each injection. The smell was most offensive. About four hours after the spontaneous vomiting she asked to go to the chair, when the bowels gave way and a large quantity of solid excrement was voided. She passed more stools in the course of the evening, and then slept tranquilly. The following morning I gave her a dose of castor oil, which produced its desired effect without creating nausea, and I left her convalescent. I learned, subsequently, from my colleagues, that she had a good deal of constitutional fever for four or five days. She recovered in a short time, and her digestive powers are now better than previous to her illness. The obstruction was relieved only on the ninth day of the disease. [This case was read by Dr. L. to the Royal Med. and Chir. Society, and he suggested that an early emetic might have hastened the favorable termination. Some symptoms favored the opinion that the obstruction depended on intussusception; other symptoms were against it.]—*Abridged from the London Lancet.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JUNE 5, 1844.

No. 15.

ON THE USE OF THE ALCOHOLIC LOTION IN PHTHISIS PULMONALIS.

By Marshall Hall, M.D., F.R.S., &c.

So many persons affected by incipient phthisis, marked by dulness of sound on percussion, and no doubtful pectoriloquy under the clavicle, hæmoptysis, and disposition to chills, heats, and early morning perspirations, &c., have been benefited and restored to apparent health by the remedy, or remedies, which I am about to mention, that I cannot but think they possess great efficacy.

The first and the principal of the remedies is an alcoholic lotion constantly applied by means of six folds of linen over and across the upper lobes of the lungs.

One part of pure alcohol is mixed with three parts of water. It is applied tepid at first, afterwards of the temperature of the atmosphere. It is applied, in *small* quantity at a time, every *five* minutes, so that the application may always consist of alcohol and water. (If applied in larger quantity and less frequently, the alcohol would evaporate, and water alone would be left, and this would be the source of a feeling of discomfort instead of the feeling of glow which the alcohol induces.) The application is easily made; a piece of soft linen, of the size of a very *large* sheet of letter-paper, being folded in the usual manner, is then folded twice more, in lines parallel with the first, so that the whole consists of six folds. These are stretched, applied across the upper part of the thorax just below the clavicles, and fastened to the shoulder-straps, or other part of the dress, which latter is to be arranged so as to be readily opened and closed. A sponge, the size of a walnut, is then filled with the lotion, and pressed upon the linen along its whole course, the dress being opened for this purpose and immediately closed.

This operation need not occupy five seconds. It should be repeated, as I have stated, every five minutes. The application of the lotion should be incessant during the day and all waking hours, the dress being light, or even entirely removed, so as to allow of free and rapid evaporation. It is suspended during the night.

It is by no means my wish to laud this remedy beyond its just value; but I have no hesitation in asserting that it possesses a power in checking the progress of the deposition and softening of tubercle in the lungs, be-

yond any other which I have ever tried. And the number of patients who have recovered from incipient phthisis under its use, and who, after many years, are still living, and in apparent health, induces me to express myself in strong terms in regard to its extreme value.

One patient, who consulted me fifteen years ago, had dulness on percussion, and pectoriloquy, and every other sign of incipient phthisis. He applied, and long wore, the alcoholic lotion, called it his "breast-plate," and is now a professor of ——— College.

A lady, about thirty years of age, became affected with hæmoptysis, and displayed the physical signs and the usual symptoms of phthisis. She was enjoined the alcoholic lotion. It is fourteen years since it was first applied, and it is continued, or renewed, if ever suspended, to this day.

I saw a young lady two years ago, one of a most consumptive family, affected with hæmoptysis, and with every threatening sign and symptom of incipient phthisis. I prescribed the alcoholic lotion, and the cough and hæmoptysis were removed, and every fear dispelled. It had already been proposed that this young lady should take a voyage to Maderia. She did so, continuing the lotion, and returned in apparent good health.

Three months ago a young lady was brought to me, having a recurrence of hæmoptysis. There were pectoriloquy and dulness under the right clavicle, cough, loss of color, and of flesh. The alcoholic lotion was applied. The hæmoptysis and cough ceased. The patient went to Hastings, and every account which I have received has been one of improved health.

I give these cases as examples. I do not imagine that the alcoholic lotion does more than *check* the morbid process. But—"Est quoddam prodire, tenus si non datur ultra."

In what the morbid processes of the deposition and the softening of tubercle consist, I believe we do not know; but if these processes be really checked by the application of the alcoholic lotion, we have a *practical* fact which must excite the deepest interest. Some degree of this influence, in incipient cases, is, I believe, exerted by this remedy.

None of the remedies ever yet proposed for phthisis has maintained the character first given to it. The encomiums bestowed upon them were always beyond the truth; I would, therefore, carefully guard against such an event in the present instance; and I would beg to be understood as stating only the fact that I have witnessed many, very many, cases of incipient phthisis checked by the strenuous application of the alcoholic lotion, and the patients restored to *apparent* health, these cases having been proved to be phthisis by the presence of the physical signs, as well as the morbid symptoms of this dire disease.

I would also guard my readers against trusting to this remedy as a sort of *cure* for phthisis. I think it the most important remedy in this disease which we possess; but I would by no means neglect *any* of the other well-known *aids* in the treatment of phthisis. Of these, changes of air; free exposure to the sea-breezes; a sea voyage; a mild climate; a chalky soil; a locality screened from the north-east winds; gentle exer-

cises, especially on horseback ; a meat diet, with a little of Bass's ale, perhaps, but otherwise without stimulus ; the system of sponging with the sea water, or salt and water, or vinegar and water ; light clothing, with flannel next the skin, &c. ; the plan recommended by the late Dr. Stewart, &c., constitute the additional remedies to be adopted in the treatment of phthisis.

The rest of the remedies to be adopted in phthisis will be noticed in other papers on the treatment of tubercle in general, and chronic affections of the chest in particular.—*London Lancet.*

DISEASED OVARIA.

By A. W. Kennedy, M.D., Old Town, Me.

(Communicated for the Boston Medical and Surgical Journal.)

IN March, 1843, I was requested by a physician of this village to visit a dropsical patient, Mrs. Howes, residing in Milford, an adjoining town. As he proposed tapping her, I accompanied him, and found a young lady who had been married one year, with a prominent, full abdomen, resembling one near her confinement. Upon examination, found the abdomen externally presented the appearance of pregnancy. There were slight elevations and depressions quite over the abdominal surface, giving the appearance as though the foetal form could be somewhat felt. The patient, her nurse, and her husband, thought she was pregnant. Upon inquiry, it was found that this enlargement commenced in June, nine months before this time, and she thought she had at times distinctly felt the motions of the child up to the sixth month, since which she had not discovered any. Learning these facts, and not finding the abdomen round, full, and of equal distension, as in ascites, I objected to the operation, and advised her physician to delay it for awhile. He was anxious to perform the operation then, and being older than myself, and the patient and the responsibility his, I yielded, and allowed him to proceed. He made a small external incision with the scalpel, and then attempted to introduce the trochar ; but suddenly gave it up, and said he would defer the operation. The patient and her friends became dissatisfied with the course of the physician, and employed another. I heard occasionally from her that she continued about the same as when I saw her in March. The summer following she was able to attend to her domestic duties, felt some pain and uneasiness in the abdomen, more on the left side than the other. Troubled with ischuria, fulness of the abdomen gradually increasing.

March 10th, 1844, I was requested to visit her, and found her laboring under active pneumonia, of which she was relieved in a few days. Her health and strength began then to decline rapidly, succeeded by much abdominal irritation and pain, attended with great prostration and delirium, till the 25th of March, when she died. The consent of her friends was obtained to a *post-mortem* examination ; and an incision was made from

the umbilicus to the symphysis pubis, upon the linea alba, through the skin and cellular substance, which was removed on one side, and then the obliquus externus and internus, with the transversalis muscles down to the sheath of the rectus, as there were appearances of some fluid in the sheath of that muscle. None was, however, found. As the abdomen was tense and full, the peritoneum was punctured, but no fluid escaping, the handle of the scalpel was inserted and passed freely round over the tumor. Divided the linea alba to the extent of the first incision, when the whole tumor was exposed. A line was passed round its greatest circumference, which was 27 inches, and its smallest 23. Removed with it the uterus, vagina, bladder, and other appendages, and found, as I had previously supposed, that the left ovarium had increased to this enormous size. The uterus and vagina appeared healthy. The right ovarium was some diseased, and the fimbriæ inflamed, with marks of inflammation in many places of the alimentary canal. The catamenia had continued regularly up to within six weeks of her death. A deep incision was made in the tumor, and a discharge like old rancid oil escaped, in quantity four or five ounces. There were probably one hundred cysts, from the size of a pea to two inches in diameter—some containing as above, others albumen, others a hard jelly, others a soft white paste-like mass, and in these there was generally hair, either attached to the inside or outside, some of it ten inches long. Other sacs were filled with purulent matter, and between these sacs there were hard cartilaginous tumors, also small pieces of bone connected by cartilage, without any regularity or order. The amount of bony matter was trifling, not more than three ounces. There was no foetal form, and from the appearances of the bony matter and its connection, there probably never had been. The tumor was not weighed, but it was presumed its weight was about ten lbs., one half of which was fluid, the other mostly cartilage, and this was in the centre of the tumor and enclosed the bony matter.

During the examination, the inquiry was made whether this could not have been removed before death with safety to the patient. I replied, it might have been done, if we had known as much about it as we do now; but I should not have been willing to guarantee the patient's life. To have removed this diseased ovarium before death, the cutting would not have been extensive, aside from the external incision or division of the linea alba. The ovarium from its size had risen high up in the abdomen, and the cutting would have been only the natural connection between it and the uterus; and this had become extended so that it was longer and a little thicker than natural, about one inch in width and two lines in thickness. The peritoneal adhesion extended about two inches beyond this, which would have required division.

Since making the above report, I have had put into my hands the report of an operation by Dr. Atlee, of Lancaster, Pa., where both of the ovaria were removed, and the patient did well. I have since thought, should I ever have another patient in circumstances similar to the one above described, I should be much more particular in the examination, and endeavor to satisfy myself with the nature and location of the disease.

If an operation had been performed on this patient some months before her death, when her health was good, there might, as it seems to me now, upon a review of the case, have been afforded her a fair chance, and certainly the only chance, of recovery.

THE GROWTH OF THE BEARD HISTORICALLY CONSIDERED-

To the Editor of the *Boston Medical and Surgical Journal*.

SIR,—The beard having been medically considered in your Journal, I send you a historical view of the subject from the work to which I alluded in my article published April 10th. It is not historically considered in reference to medicine, but in reference to the changes it has undergone from the fashions and the customs of the past. But even in this point of view, as correlative to other points of a medical bearing, the remarks may not be deemed inappropriate upon the page of medical history. Though the beard and its functions can be properly judged only upon physiological and pathological grounds, yet its extraneous history, in reference to the habits of the ages through which it has passed, may be read as not altogether inapt in the annals of medical lore.

The growth of the beard, medically considered, presents a breast-work of protection for the lungs and throat; and useful for the healthy performance of the functions of these parts. It is nature's own respirator; and none made by art can meet the indication so well. Pains of the teeth, and other neuralgic ailments, are greatly prevented by the growth of the beard; and, by high authority, relapses in fever have been ascribed to the shaving of this appendage—to say nothing of its other relationships to health and disease.

Historically considered, "the practice of shaving," says my authority, "probably originated at first from its being found that the beard afforded too good a hold to an enemy in battle. This is the cause assigned for the origin of shaving among the Greeks, about the time of Alexander; and in most countries we find the practice is first adopted by military men, and that men of pacific and learned pursuits retain their beards much later. The Greeks continued to shave till the time of Justinian, in whose reign long beards became again fashionable, and remained in use till Constantinople was taken by the Turks. The Romans appear to have derived the custom of shaving from the inhabitants of Sicily, who were of Greek origin; for we find that a number of barbers were sent from thence to Rome in the year 296 B. C. At the expiration of the Republic, beards had become very rare. Even in Greece the beard was always worn (except among the Macedonians) until the time of Alexander, and in Rome until the year 300 B. C. In both nations the philosophers and priests retained their beard after it had been relinquished by the body of the people. But among that singular people, the Egyptians, it was the priests that shaved, and they shaved not only the face, but the head and the whole body. But they let their beards and hair grow in time of mourning; and so did the Romans when they became a shaven

people; while the Greeks in the time of beards were accustomed to manifest their grief by shaving. Indeed, these opposite signs of mourning may be considered to have prevailed respectively in bearded and shaven nations. On a similar principle, a beard was a token of bondage among shaven nations, and the want of a beard had the same signification among bearded people. The slaves of the Romans wore their beard and hair long; and when they were manumitted they shaved the head in the Temple of Feronia, and put on a cap as the badge of liberty. On the other hand, the Franks, who were a bearded people, when they became masters of Gaul ordered all bondsmen to shave their chins; and this law continued until the entire abolition of servitude in France. As in the times of the first race of kings the beard was a token of nobility and freedom, the kings themselves were emulous to have the longest beards. Eginhard describes the kings of this race as proceeding to the assemblies in the field of Mars, in a carriage drawn by oxen, and sitting on the throne with very long beards.

In what are called the middle ages, it appears that beards were generally, although not uniformly, in high esteem. Among the early French monarchs it seems to have been a custom that documents of importance, emanating from the sovereign, should have three hairs of his beard upon the seal. There is still extant a charter of the date of 1121, which declares that it had thus been ratified. We presume this custom expired when such documents became so numerous as to threaten the royal beard with demolition. There are many individual beards, the memory of which has come down to our own times, whether from their length and beauty, or from anecdotes of beard-respect connected with them. A few of these we cannot refrain from indicating. Of King Robert of France, the rival of Charles the Simple, in the tenth century, we hardly know which is greatest, the renown of his exploits or of his long white beard, which he suffered to hang down on the outside of his cuirass to encourage his troops in battle, and rally them when defeated. At a much later period, the respect in which beards were held by the Portuguese is well illustrated by the romantic anecdote of the brave John de Castro, who, when he had taken the castle of Diu in India, felt himself under the necessity of borrowing a thousand pistoles for the maintenance of his fleet; and as a security for the loan, sent them one of his whiskers, telling them that 'all the gold in the world cannot equal the value of this natural ornament of my valor, which I deposite in your hands as a security for the money.' It is related that the good people of Goa were much affected by this message, and generously sent back both the money and the whisker. About the same period lived the German painter John Mayo, nicknamed 'John the bearded,' on account of his splendid beard. Although he was a tall man, it was of such length that it reached the ground when he stood upright, for which reason he commonly fastened it to his girdle. The Emperor Charles V. used to take much delight in seeing this extraordinary beard unfastened, and the wind blowing it against the lords of his court. Every one has heard of the beard of Sir Thomas More; not that it appears to have been remarkable in itself, but from the anxiety

of that distinguished man to preserve his beard 'innocent of treason,' and from being injured by the stroke which deprived him of life.

The ancient German nations shaved the beard except that on the upper lip. The ancient Goths, Franks, Gauls, and Britons, also wore only mustaches. The Saxons wore long beards, but at the introduction of Christianity, the laity began by degrees to imitate the clergy, who were shaven. The Danes appear to have worn their beards. The Normans shaved their beards entirely, and looked upon the appendage with so much distaste as an indication of misery and distress, that they were the great apostles of shaving wherever they came. Accordingly they endeavored to persuade or compel the English to shave the hair of their upper lips. The great majority yielded to the necessity of the case, but there were many who chose to leave the country rather than resign their whiskers. However, beards again had their day. In the 14th century, they became again fashionable, and continued until the beginning of the 17th. At the latter date their dimensions had become more contracted, and they were soon after relinquished, the mustache only being retained; and at the commencement of the last century the practice of shaving the whole face had become universal. In the latter changes the example of France was followed. In that country, Henry IV. was the last sovereign who wore a beard, and he had a tolerably fine one. He was succeeded by a beardless minor, in compliment to whom the courtiers shaved all their beards except the mustaches, and ultimately the mustaches also disappeared. The Spaniards, more tardily influenced by French example, kept their beards till the French and English were beginning to relinquish even mustaches. Perhaps they would have kept the cherished appendage to this day, but a French prince (Philip V.) mounted the throne with a shaven chin. The courtiers, with heavy hearts, imitated the prince; and the people, with still heavier hearts, imitated the courtiers. The popular feeling on the subject, however, remains recorded in the proverb, 'Since we have lost our beards, we have lost our souls.'

With respect to beards among ecclesiastics, as the practice has somewhat differed from that of the laity, it requires to be separately noticed. Sometimes the clergy of the Western Church were enjoined to wear beards, under an impression that shaving was an effeminate practice, and that a beard well became the gravity of the ecclesiastical character; and at other times shaving was enforced from an idea that pride was too apt to lurk beneath a venerable beard. It is related that Guillaume Duprat, Bishop of Clermont, who assisted at the Council of Trent, and built the College of the Jesuits at Paris, had the finest beard that was ever seen. It was too fine a beard for a bishop; and the canons of his Cathedral, in full chapter assembled, came to the barbarous resolution of shaving him. Accordingly, when he next came to the choir, the dean, the *provost* and the *chantry* approached with scissors and razors, soap, basin and warm water. He took to his heels at the sight, and escaped to his castle of Beauregard, about two miles from Clermont, where he fell sick from vexation and died.

By the statutes of monasteries it appears that lay monks were to let

their beards grow, but that the priests were to shave. The ecclesiastics of the Greek church were great sticklers for the beard, and when the rupture between that and the church of Rome was completed, the latter went more decidedly into the opposite extreme. Nevertheless, the regulations about shaving seem not to have been rigidly enforced on the higher dignitaries of the church, for we frequently find that both cardinals and bishops wore their beards. Cardinal Pole and Bishop Gardiner, in the reign of Mary I., had remarkably fine ones. The early bishops and fathers of the Protestant church wore their beards; but Martin Luther himself, who had been a Monk, is always represented without such an appendage.

The Persians in very early times were accustomed to give great attention to their beards. We are informed by Chrysostom that their kings had the beard interwoven or matted with gold thread; and the accuracy of this information is evinced by the ancient Persian sculpture which still remains, in which the common beards are curiously and nicely curled, while those of the throned personages are stiff and matted. The beards even of Persia have, however, undergone fluctuations. During the Tuffavean dynasty it appears that only mustaches were common. Now, however, the ancient zeal for beards has revived; and the king himself has one of the finest ever seen. It reaches below his waist, and is altogether so rich an appendage that it forms an unfailing theme of admiring talk among the subjects of the Shah, who seem sometimes to feel that were other claims wanting, his beard alone would entitle him to reign over men.

It would not be well to leave this subject without observing the remarkable fact, that in most countries where the beard is allowed to grow, the hair of the head is shaven. This is particularly the case in Mahomedan nations, in which, in general, only a small tuft of hair is left on the crown of the head, for the purpose of affording their prophet a hold in raising them to another world hereafter. The operation of shaving the head is performed by Oriental barbers with great dexterity, but they are utterly at a loss how to deal with the hair of the head in any other manner. A European will find it difficult, in most Mahomedan towns—except in the seaports of the Mediterranean—to find a man who will undertake to cut his hair; and if he finds one, he is obliged to give him very minute instructions. Such is the force of habit, that the writer of this article, who in some of its details speaks from experience, can remember no instance in which a Mahomedan barber, however well apprised of what was required of him, failed to come to his task with all his usual apparatus—his basin, his soap, his strap and his razors.”

Such, Mr. Editor, is the abstract of the beard's history for the last 2000 years; and if worth preserving, there are no better archives than the pages of your Journal.

P. B. C.

HUMAN SUSCEPTIBILITY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I find the following paragraph in the last No. of your Journal, which I quote for the purpose of accompanying it with a few remarks.

"Rare Physiological Impressibility.—An author of a work on medicine, who resides in Boston, assured us, recently, that he had produced a cathartic operation in a most convenient manner, viz., by simply putting one drop of a purgative tincture into an ounce phial filled with water—which, when held between the thumb and finger, although corked tightly, produced all the effects which the same medicine would have accomplished had it been taken into the stomach! Now we verily believe that the gentleman who related this extraordinary circumstance, honestly stated what he considered to be strictly true, notwithstanding that it is opposed to all the analogies of nature, pathological laws, the experience of medical men, and the sound dictates of common sense."

It is known to some of my friends in Boston, that for a year or more, at the suggestion of Dr. Buchanan, I have been making numerous experiments with medicines upon persons of a susceptible temperament, with a view to ascertain their precise and varied action upon the human system. As yet I have published nothing upon the subject, and in alluding to it the other day, in a desultory conversation with you, it did not occur to me that any notice would be taken of it in the pages of your Journal. This having been done, however, I beg the privilege of saying a few words in reply, as there is a possibility of some of your readers identifying me with the paragraph.

By the way, I did not say that I had produced a cathartic operation in the way that you have described, or in any other way, for I do not employ cathartics in my practice. I stated that in my experiments upon susceptible persons, I was able to produce all the effects of a medicine by putting a drop of the concentrated tincture into a small phial filled with water, and giving it to the subject to hold between his thumb and finger. You wished to know if a cathartic operation could be produced in this way, to which I replied in the affirmative, for I have frequently recognized a tendency to catharsis in experimenting with cathartic substances. In a similar use of emetic substances, also, where I have not duly estimated the susceptibility of my subject, I have sometimes occasioned vomiting.

That catharsis may be produced as already mentioned, ought not to appear extraordinary to any medical gentleman of extensive reading, nor do I see wherein it is "opposed to the analogies of nature, pathological laws, the experience of medical men, and the sound dictates of common sense." Let us notice some of these analogies.

The Calmucks can distinguish whether a fox be in his hole or not by the smell. "The guides between Smyrna, Aleppo and Babylon, when traversing the desert, ascertain distances by the smell of the sand." The deaf and dumb boy, mentioned by Dugald Stewart, identified persons by

their odor, and such was the effect produced upon him in this way, that he would form a sudden attachment or dislike to strangers. Caspar Hauser could distinguish apple, pear and plumb trees from each other at a considerable distance by the smell of their leaves. In passing a graveyard, the smell of the dead bodies, though it must have ascended through many feet of earth, had such a powerful effect upon him, as to produce rigors, followed by great heat, copious perspiration, and other violent symptoms.

It is well known that persons of a high degree of susceptibility have been killed by the odor of a flower. Bulbous plants are proverbial for causing giddiness, headache and fainting. Bishop P., of one of the western States, is so sensitive to the influence of brass, that the merest touch of the metal, though unconsciously, will produce disagreeable sensations and a brassy taste in his mouth. A lady was under my treatment who could not endure the odor of a solitary flower in her chamber, and such was the effect of coffee upon her, that the family was obliged to give up its use, for the preparation of it in the kitchen, far removed from her presence, would affect her very powerfully. There is another lady under my treatment at the present time, who cannot walk upon a recently-painted floor, though her feet be protected by shoes, without her feet swelling, and experiencing a disagreeable effect upon her whole system. She discovered this peculiarity more than ten years ago, but never mentioned it to her friends, as she supposed it would excite their laughter or ridicule. She spoke of it to me, upon my discovering that she was powerfully affected by a very minute dose of medicine.

Medical men acknowledge that a letter, a handkerchief, or any similar article, may produce a pestilential disease, after having been transported a great distance from one country to another. Though this may be classed among the "extraordinary" facts in medicine, it is not disbelieved, even by sagacious physicians, on account of its incomprehensibility. Malarious diseases are supposed to have their origin in a subtle poison contained in the atmosphere, which the chemist, with all his knowledge and skill, is incapable of detecting. Persons are frequently poisoned by passing in the neighborhood of the *rhus toxicodendron*, or even by shaking hands with those who have been near this tree.

It does not appear to me that even the "experience of medical men," of which you speak, will go very far to sustain you in the position you have taken. To prove this, I need not travel beyond the pages of your own Journal. You speak editorially of a case of smallpox, produced by bank bills, which the deceased was obliged to handle during life. Now it may seem very "extraordinary" that the poison of smallpox should attach itself to a bank note, so as to communicate the disease, and yet this appears to have been the truth. One of your correspondents, Dr. Turner, who is very susceptible to the influence of *ippecac.*, says that a "bit of paper in which a Dover's powder had been wrapped, or stepping into a physician's office, or even coming in contact with his clothing, has often caused a paroxysm of suffering sufficient to arrest him in the midst of his business." The effects produced consist of asthmatic sufferings, which continue for weeks, preventing a recumbent position, and reducing the

strength as rapidly as an ordinary fever. If coming in contact with a physician's clothing, who is in the habit of using ipecac., will occasion such results as these, I think it will cease to be a matter of wonder that I should affect a susceptible person with a drop of medicinal tincture, as already stated. Dr. Turner thinks that cases like his are probably numerous, and mentions four which have come under his own observation, so that such instances of "physiological impressibility" do not appear to be so "rare" as might be imagined.

It may seem improbable that the influence of a medicine can be transmitted into the human system through a glass phial, and yet a long series of experiments upon susceptible persons has convinced me of the fact. I have experimented with a great variety of medicines, and have found that the effects produced were peculiar to the medicines, and therefore feel assured that I have not been made the dupe of my senses. Is this fact any more curious, however, than that electricity or galvanism should traverse an iron wire, or any other conductor? Every medicinal substance appears to possess a sphere peculiar to itself, or in other words evolves some imponderable fluid for which I have no name, but which is capable of pervading the whole system, and producing effects peculiar to the medicine from which it is given off. That this is the truth, cannot, I think, be reasonably doubted, or I should be unable to produce any effect upon my subjects; and that I do produce an effect is not improbable in theory, and is abundantly demonstrated by experiment. There are, I admit, but comparatively few persons possessing sufficient susceptibility to admit of their being influenced by a medicine through a glass phial; but there is a large number who are much more easily influenced by medicinal agents than physicians generally imagine, and unless this is taken into the account, we may injure or prostrate our patients without being able to assign any cause. It is to persons of a susceptible temperament that *homœopathy* owes its reputation, and the votaries of this new doctrine are frequently unsuccessful in their practice, because they believe, or affect to believe, that all patients may be influenced equally alike by their infinitesimal doses. I suspect that there is a much greater degree of susceptibility in Germany than in this country, on account of climate, or some other cause, which enabled Hahnemann to obtain results with his inconceivably small doses, denied to his strenuous partizans in the United States.

The mode of investigation I am pursuing, I regard as an ample key to the *Materia Medica*, and I am preparing a volume upon the subject which I shall issue as soon as convenient. My experiments have convinced me that every medicine operates in a manner peculiar to itself, producing certain specific effects upon the various organs and parts of the body, and that a remedy, to be successful, must be selected strictly in reference to its specific powers. The changes which medicines produce in the mental condition of a patient, I have found to be both curious and instructive, and worthy of much greater consideration than the subject has heretofore received. The fact that certain organs or tissues of the body have an affinity for particular medicines, has been recently admitted

in France, and has received the sanction, if I mistake not, of M. Orfila. Where antimony, for example, has been introduced into the body, it has been found in the liver, spleen and urine, and not in the lungs, heart, brain, muscles, or bones. I might pursue the subject farther, but I am afraid I have already trespassed too long upon your patience.

Boston, May 20th, 1844.

M. MATTSON.

THE NEW YORK MEDICAL SCHOOLS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I can hardly refrain from speaking of some of the men and matters pertaining to the medical schools in New York and Philadelphia. During a few months spent in those cities the past winter, I saw much of interest, and much to instruct and admire. I was interested and delighted with the *zeal, enterprise and devotion* of the profession in those cities; I was gratified with their kind civilities; was interested and instructed in my visits to the various hospitals and infirmaries, and still more so in listening to the lectures of the many able professors of the flourishing medical institutions. I was interested in the zeal, untiring devotion and matchless skill of Dr. Mott, in operative surgery. But I admired in him those feelings of kindness and sympathy for the diseased and suffering, that have so wonderfully survived during so long a career, amidst scenes of pain and distress; also his great precaution and reluctance to inflict suffering. None can fail to admire the eloquence, dignity and liberality of Professor Revere; the industry, zeal and learning of Professor Paine; the ingenuous, impressive, communicative powers of Professor Patterson. My high expectations of Professor Draper were also fully realized. All of these are of the *Medical University*.

But for the good old *College of Physicians and Surgeons*. If we are not mistaken in our predictions, this institution is acquiring a most enviable and enduring reputation. Nothing is done there for display or effect, but all with reference to the advancement of the profession and the welfare of the pupils committed to the care of the Faculty. The high estimation in which that school is held by the profession in the city, and immediate vicinity, indicated by their general favor and patronage, is the highest encomium that could well be bestowed upon any institution. It is not common for any individual to make so strong an impression upon the mind and feelings, and especially upon those of a stranger, as did Professor Parker (of the chair of Surgery in that institution) upon mine. Indeed, it is not common to meet the man that comes so near our highest conceptions of a good lecturer. Dr. Parker is a native of Massachusetts; and for the gratification of our Yankee brethren, who may not have known him, I feel an irresistible desire to speak more particularly of him, and especially as I am sure mine were but the views and impressions received generally by the many medical gentlemen visiting that city during the past winter. Dr. P., I learned, was a graduate of Harvard, and also of the Massachusetts Medical College; of the latter about

1829 or 1830, since which time he has been constantly occupied, either in the anatomical or surgical chair of some of our medical colleges. He is now about 40, with a cheerfulness, vivacity and youthful expression that would seem to assure us that he had escaped the sorrows and internal conflicts that make visible the years of most men. Dr. P. is about, or a little short of, six feet in height, of as perfect development, as it regards size, form and proportion, as it is easy to conceive, and although not less so in attitude and movements, there is a careless unconsciousness of this trifling matter, that makes it of peculiar interest to the stranger. He has a dark eye, black hair, and a countenance of great animation, especially when lit up by his favorite subject—*surgery*. When we have added to these the intimate and thorough knowledge of his subject, obtained by fifteen years' zealous devotion as a lecturer and practitioner, a fine voice, easy command of language, and great facility of utterance, a discriminating mind, and a good fund of "*common sense*" withal, it will not be difficult to form some idea of him as a lecturer, or a practical surgeon. Another particular, that will be readily observed by the stranger, in the character of Professor P., is a freedom from that egotism and spirit of detraction, that has poisoned the minds and shadowed the reputations of so many able surgeons; and in its stead, he will perceive a modesty, a spirit of benevolence and sincerity, that enables the possessor as readily to discern the merits and achievements of others, and as willing to acknowledge them, as though they were his own. Hence I was enabled to account for the universal high respect and friendship entertained for him by the profession, and the readiness of his rival cotemporaries to acknowledge his merits.

Professor Watts, also of the old school, is a most able and fluent speaker, and is rarely excelled as a lecturer upon anatomy. He is a young man, and a great favorite with his pupils and the profession.

The many civilities and interesting cliniques of Dr. Wilks, of the Eye and Ear Infirmary, will (I vouch for it), long be borne in grateful remembrance by the many medical gentlemen (strangers) who were favored with his kind attentions and instructed by his remarks. We look back to our visits to this institution, as among the most profitable and interesting hours spent in the city. Dr. W. is held in high estimation by the profession, as a man of talents and science, and as a skillful oculist; and much is due him for the gratuitous, benevolent aid he is rendering the poor and afflicted, by means of this institution, in connection with others.

B.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 5, 1844.

Anniversary Meeting of the Medical Society.—As regularly as the movements of the planets in their orbits, the Massachusetts Medical So-

ciety holds an anniversary meeting, the value and importance of which, on the medical character of this ancient Commonwealth, cannot be estimated by those who are unacquainted with the design and influence of the institution. This time-honored anniversary took place in this city, on Wednesday last. Having for twenty years in succession noticed each annual meeting, and published such details as were thought necessary to convey a general idea of the transactions, a very minute report would be almost a repetition of the doings of former years. John Homans, M.D., delivered the discourse, which may be entitled the *Good Physician*. Had we access to the manuscript and liberty to publish it, our Journal would carry it to every State and Territory in the Union, before it will be ready for distribution among the members in the regularly prescribed course. But the laws of the Medes and Persians change not, and therefore an admirable and truly excellent production, alike honorable to the speaker and to the Society, will never do half the good it might, were it placed where the spirit of the age demands, and not suffered to lose its freshness and vigor by delay in printing. A large number of medical gentlemen, supposed to be about four hundred, dined together on this interesting occasion.

On the following day, Thursday, the Counsellors met at the Masonic Temple. Jacob Bigelow, M.D., was re-elected President, and Robert Thaxter, M.D., Vice President. The board of Counsellors for Suffolk district are as follows. Drs. G. C. Shattuck, J. Bigelow, G. Hayward, E. Hale, J. Ware, S. D. Townsend, Z. B. Adams, J. Homans, W. Strong, J. Jeffries, G. W. Otis, Jr., W. Lewis, Jr., S. Morrill, J. V. C. Smith, D. H. Storer, J. Flint, J. C. Hayden, J. D. Fisher, C. G. Putnam, J. B. S. Jackson, A. Thomas, E. Buck, A. A. Gould. William J. Walker, M.D., of Charlestown, was chosen orator for 1845.

Perhaps the Massachusetts Medical Society, in the whole course of its existence, was never more flourishing than at the present period. Its funds are in a good condition, and its members, seven hundred and sixty in number, are disposed to sustain its reputation and transmit it unimpaired to their successors. While the chartered medical societies of some of the States are crumbling away and disappearing, not a vestige of decay is discoverable in this—and long may it stand, a memorial of the wisdom of our medical fathers in the early history of Massachusetts.

Insanity of Colored People.—Owing to the gross errors in the late census of the United States in regard to the asserted number of colored persons here in New England who are chronicled as insane, which errors have already been alluded to in this Journal, Dr. Edward Jarvis, of Dorchester, Mass., has put his shoulder to the wheel, with a resolute determination to set the matter right. Towns in which, for example, there is not a single colored inhabitant, are credited in the government returns with half a dozen insane ones. In short, the whole statistical record of this particular item, is shamefully distorted on the great national books in the department of State. It is pretty generally believed that the blunder was in fact made there, and not by the collectors of the census. The Statistical Society of Boston have already memorialized Congress, with a view to have the false record expunged, and the true statement inserted in lieu thereof. On Wednesday the subject of memorializing

the present Congress on the same grave topic, was brought before the Massachusetts Medical Society, by Dr. Bartlett, of Concord, and it is fair to conclude a respectful attention will ultimately be given to the business. Dr. Jarvis is an indefatigable man, and in case justice is not done at Washington, he, as well as others, will spread so extensively the true state of the case, that future writers at home or abroad cannot be ignorant of facts which are so discreditable to our national government.

*Medical Jurisprudence of Insanity.**—Messrs. Win. D. Ticknor & Co., of Boston, have brought out a second and very finished edition of Dr. Ray's treatise, with important additions. The form is an octavo of 490 pages, closely printed on good paper, and in a type so fair and distinct as to be agreeable to any man's eyes. Dr. Ray's work has been so many years before the public, that we go upon the presumption that not to know it argues one's self unknown, and therefore do not consider it at all necessary to be elaborate in remarks upon its character. There are twenty-six chapters, in which the topics embraced in the several divisions of the author's subject are carefully considered and discussed. First, mental disease in general occupies an appropriate place, and then follows the consideration of idiocy, imbecility, legal consequences of mental imbecility, pathology and symptoms of mania, intellectual mania, moral mania, &c.

This work must be of peculiar value to the legal profession, and we trust no medical man will remain unmindful of the claims it has also upon his special patronage and study.

Anatomical Atlas.—A prospectus is abroad for re-publishing, by subscription, anatomical plates, illustrative of the anatomy of the body, of the natural size. The author of the work, in Prussia, is Dr. M. I. Weber, a professor of the University at Bonn. The plates are now in the process of being lithographed. There are to be eighty-four of them, constituting the original set; but in the present enterprise six more are to be added, comprising all the latest discoveries in osteology, syndeomology, myology, &c., besides the recent microscopic developments of the latest writers.

It has been determined by the publisher to issue this splendid undertaking in numbers, at only \$1.50 each; and as there are to be twenty-three in the series, the whole cost of this work will be only \$34.50. Single Nos., however, to non-subscribers, will be \$3.00. On the 20th of June, the first No. is to be on sale and ready for delivery. The editorial management of this unique and truly magnificent enterprise is confided to Dr. Samuel Forry, of New York. Whenever we have a specimen of these mammoth plates, a further notice will be taken of the merits of the labor.

Journal of Electro-Magnetic Medicine.—It is by no means easily determined what kind of stuff magnetic medicine is made of. However, there is a monthly Journal published in New York, which advocates some sort of medical reform, and in connection with it, talks incessantly about

* A Treatise on the Medical Jurisprudence of Insanity. By I. Ray, M.D., Superintendent of the Maine Insane Hospital. Second edition, with additions. Boston: Ticknor & Co. 8vo., p. 490. 1844.

magnetic polarity, electro-vital currents in animals, &c. &c., and yet demonstrates the fact, positively, by the absurdity of its propositions, that those who write upon these great topics in its columns are as profoundly ignorant of modern philosophy, as they are of the internal organization of the planet Mars. When a man in apparent earnestness sits down and writes about positive and negative forces, in the way in which the terms are used in this Journal, the evidence that he is either an ignoramus or a lunatic, is clearly shown. How such a periodical can be sustained, is a mystery, since all persons of limited intelligence must at once perceive the absurdity of its pretensions, and the shallowness of its doctrines.

Army Assistant Surgeons.—On the first of July a Board of Surgeons, consisting of Drs. Mower, Stineck and Hitchcock, will be in session in New York, for the examination of candidates for the medical staff. Candidates must necessarily pass this ordeal to obtain a commission. There are hundreds of young medical men who might be usefully employed in the Government service. The compensation is very satisfactory, though not equal to the receipts of a good country practice. When the Assistant becomes a Surgeon, then the income is very considerably increased.

Excision of a Glandular Tumor.—In presence of a large number of medical strangers, on Wednesday afternoon, at the Hospital, Dr. Warren took out a prodigiously large, knotted, glandular tumor from the neck of a boy, 17 years of age, who belonged to the State of Maine. It filled the space between the chin and the ear, quite round to the back of the neck, and extended down some inches towards the shoulder. Being convinced the patient could not endure the removal of the whole, and the dissection being necessarily intricate, as the great vessels and nerves were probably embraced in the base of the tumor, some parts of it were left. Having been cauterized, the hope is indulged that the remainder will finally be exterminated by suppuration.

Behavior of Chemical Agents.—In the last No. of the American Journal of Pharmacy, is an article by M. Wackenroder, taken from the *Chem. Gaz. from Archiv. des Pharm.*, entitled "*On the Behavior of the Antimoniate of Potash towards the Earths.*" Now it may be the approved language of science, to talk about the behavior of two salts, as one would speak of the moral intercourse of two neighbors. It will not fail to strike the reader, however, as something new under the sun, in the way of expression. If M. Wackenroder had spoken of the action of the two agents upon each other, he would have been understood quite as well. There is either a perversion of language in this case by the translator, or else the author himself took the liberty of originating a new method of expressing an idea, that is hardly legitimate in a scholar. Were an astronomer to discourse on the behavior of the sun towards the moon; or the farmer speak, at an agricultural meeting, of the behavior of a hill of potatoes, it would be equally proper, and, so far as we can see, quite as imposing and dignified.

Missionary Physicians wanted.—A better opportunity was, perhaps, never presented than the present, for three or four young medical gentlemen, suitably qualified, to visit remote but interesting sections of the globe. By entering into the service of the Foreign Missionary Society, a passage would be secured in a good vessel, well fitted for a distant voyage, and the individual would be put upon a salary equal to his entire annual expenses; proportioned, of course, to the necessary cost of living in the country where the Board might locate him. At some of the stations where a missionary physician would be placed, an additional income, it is not improbable, would be derived from incidental practice. But a religious character is an absolute prerequisite for being a candidate, with such testimonials as would fully show the professional qualifications of the person applying.

A brilliant reputation has been achieved by several missionary physicians, whose surgical operations abroad, for originality, boldness and success, are unsurpassed in the annals of their own country. Their influence has been great with the nations and tribes of Asia and Africa, the Islands of the South Sea, and the western coast of America. While the savage, impelled by the hot spirit of revenge for a real or fancied injury, pounces upon the object of his hatred with the ferocity of an infuriated tiger, he never dares to molest the *medicine man*, in whose hands, according to his theory, are the shafts of death and the pabulum of life.

Opportunity for ordering Foreign Books.—Mr. Ticknor, the well-known medical bookseller and publisher, of this city, sailed for England on Saturday last. It is his intention to make extensive arrangements for procuring, by the earliest conveyances, all the new works. Any books ordered by the firm, for individuals, may be procured readily, from any part of Europe. Mr. Ticknor will also make preparations, while in England, for re-publishing whatever offers a prospect of being well received by the profession. Those desiring English works, or, in fact, books in any language in Europe, will find Mr. T. happy to oblige them by a return steamship.

Operations for Removal of Cancer.—In the discussion in the Parisian Academy of Medicine on the subject of fibrous tumors, alluded to in this Journal some weeks since, the nature of cancerous tumors was touched upon, and the propriety of operating for their removal. The surgeons in Paris appear decidedly in favor of operating in nearly all cases. M. Roux, the oldest of the hospital surgeons, and, certainly, of all of them the one who has performed the most operations of every kind, sometimes operates, he states, two or three times on the same patient, in cases of relapse, and, which is the most important point, has done so successfully in several instances. His experience is certainly very valuable, as he is really a scientific man, and not likely to commit those errors, with regard to the anatomical characters of cancerous formation, which have been but too common in the history of surgery. M. Roux was the pupil of a surgeon, the illustrious Boyer, who believed that cancer was an incurable disease, that it always returned, and who, says M. Roux, used to state, when it did not return, that the diagnosis had been faulty, and that

the morbid growth extirpated could not have been of a cancerous nature. The other surgeons who took part in the discussion (says the *London Lancet*, from which we gather this information), Velpeau, Bernard, Amussat, Lisfranc, &c., all seemed to agree in admitting the curability of cancer by operation in some cases, and therefore the propriety of operating as a general rule. The contrast between the opinions of the French surgeons and those manifested at the congress of Lucca, by the Italian surgeons, is certainly very great.

Sydenham Society.—The anniversary meeting of the members of this Society was held at the rooms of the Royal Medical and Chirurgical Society, on Wednesday, the 1st of May—Sir James Clark, Bart., in the Chair. The report gave a very satisfactory account of the affairs of the Society, which now numbers upwards of 1700 members; and so well have the funds of the Society been managed, that the members of the past year will receive three handsome and valuable volumes—Hecker's *Epidemics of the Middle Ages*, Louis on *Phthisis*, and a new and admirable edition of Sydenham's works, by the learned Dr. Greenhill, of Oxford. Dr. Paris was elected President, in the room of the late Sir H. Hallford; Dr. Babington, Treasurer; and Dr. J. R. Bennett, Secretary.

The works in preparation for the present year's issue are the following:—Schwann's celebrated *Essay on the Microscopic Identity of Structure of Plants and Animals*, Hasse's *Morbid Anatomy of the Thoracic Viscera*, Hewson's *Works*, and the *Works of Paulus Ægineta*.—*London Medical Gazette*.

Syro-Egyptian Society.—We are happy to have to announce to the public, and more especially to those interested in the Literature, Science, and the Arts, in Egypt, Nubia, Abyssinia, Arabia, Palestine, Syria, Mesopotamia and Asia Minor—the formation of an important Society, "The Syro-Egyptian Society of London," under distinguished auspices. The friendly and social as well as literary character contemplated in the prospectus just set forth by the Council, we regard as a matter of congratulation, as it cannot but tend in a variety of ways to the ultimate benefit of those countries.—Sir James M'Gregor, Bart., Dr. Paris, President, R. C. P., and Sir William Burnett, Bart., have joined the association.—*Times*.

Treatment of Cholera.—Mr. Ranking treats this very formidable disease, by placing his patients in hot baths of from 110 to 115 Fahr. and continuing them in it for a full hour or more, according to circumstances, until the restored circulation indicates the removal of that obstruction on which he conceives collapse in cholera to depend. Two cases of this disease occurring in Europeans were treated by him by hot baths, drastic purgatives daily, and blisters to the nape of the neck on the occurrence of delirium, with ice to the head, and occasionally four and six leeches to the temples. In one case the patient was evidently relapsing, but was again restored by a full hour in the bath, at 110 degs.—*Medical Times*

New Method of putting a Stop to the flow of Blood from Leech-bites.—Dr. Berthold, professor at the University of Gottingen, proposes the fol-

lowing method, which may be useful, in children especially, in whom the blood is sometimes stopped with considerable difficulty. According to the author it never fails, and its action is instantaneous. Take a bit of caoutchouc, about a line in thickness, and four lines in length; melt one of its surfaces by the heat of a candle; when cool, equalize it by rubbing it gently with a thin piece of paper; apply it on the spot where the leech had fixed itself, having previously wiped the part perfectly dry, and finally keep it motionless by means of a band or a bit of sticking plaster. This little dressing must not be touched before twelve or even twenty-four hours have elapsed.—*Ibid.*

Ovarian Dropsy.—Mr. Brown states, in the London Lancet, that by the use of mercurials, diuretics, tonics and *tight bandaging*, followed by tapping, he has succeeded in curing four cases of ovarian dropsy. His patients were all young, unmarried females.

Medical Miscellany.—Dr. Hitchcock, of New Orleans, has recovered \$1500 of Hervey North, in an action instituted in the District Court of Louisiana, for the recovery of damages for false imprisonment, illegal arrest and slander. The defendant charged Dr. H. with a design to break open his store, which occasioned him an imprisonment of fifteen days.—Dr. Halleck is lecturing in New York, with a manakin.—Yellow fever is again alarmingly prevalent at Vera Cruz.—In Harlem, Dr. Helme has brought an action of trespass, to recover the value of a saddle, bridle, fly-net and belt of bells, taken and sold on a landlord's warrant. He declares that his business required him to keep a horse, and he claims the property as a part of a team referred to in the exemption law of the State.—Dr. Cutter, of Pepperell, Ms., has just opened his summer establishment for the reception of invalids of all descriptions. His insane institution has attained an extensive reputation.—Two children, brothers, 10 and 12 years of age, are exhibiting at Wheeling, having neither hands nor feet. As a compensation for the loss of these extremities, they have claws, something like bird-claws.—In Havana, 5109 children were born in 1843.—Congress have allotted to the surgical department of the navy \$12,250 for appropriations the coming year.—The Philadelphia Medical Examiner does not come to Boston regularly. We have received but one or two Nos. for several months.

TO CORRESPONDENTS.—A paper read by Dr. Lindsly at the late meeting of the National Institute, Dr. Carr's case of Hemiplegia, Dr. Knowlton's case of Lumbar Abscess, and Dr. Tabor on the Synonyms of Tobacco, are on hand for publication. The other papers referred to by Dr. T. will be thankfully received.

MARRIED.—At Hartford, Conn., G. W. Burke, M.D., to Miss A. P. Benjamin.—At Horaceville, Canada, Dr. Hamnett Hill, M.R.C.S., to Mary Ann Pinhey.

DIED.—At New Orleans, Dr. John P. Kimball, a native of Oxford, N. H., 48.—At New York, Dr. L. Adams, formerly of Canterbury, Conn., 35.

Number of deaths in Boston for the week ending June 1, 41.—Males, 16; Females, 25. Stillborn, 4. Of consumption, 9—lung fever, 1—marasmus, 1—infantile, 5—Inflammation of the lungs, 2—peritonitis, 1—cankerrash, 1—apoplexy, 1—suicide, 1—scarlet fever, 5—croup, 1—brain fever, 1—flta, 2—childbed, 2—Inflammation of the brain, 1—Inflammation of the bowels, 1—dropsy in the brain, 2—dropsy, 1—palsy, 1—throat distemper, 1—rheumatic fever, 1.
Under 5 years, 17—between 5 and 20 years, 6—between 20 and 60 years, 16—over 60 years, 2.

Oleum Tiglii, externally applied, in Dysphonia, Cynanche Trachealis, &c.—The sister of J. R., Esq., of this city, an estimable lady, who for several weeks had been unable to speak, except in a faint whisper, having tried some remedies in vain, consulted me. I directed her to rub three drops of Croton oil along the trachea; and having done this, she had, in a few hours, a sense of constriction about the upper part of the thorax, followed by "two" expectorations of sanguineous mucus. Shortly after this, her voice became quite natural. This case is the only one in which I have ever observed the least unpleasant effect.

A little son of Mr. J. Hull, aged about three years, had, according to its mother's account, been sick several days of a bad cold. I found the little sufferer struggling in all attitudes upon her lap, with high fever, great angina, and the never to be mistaken cough. Having directed everything to be done according to the usual practice in severe cases, I took leave. The next morning, the child was much worse; he lay in a comatose state, with his neck stretched back to its utmost extent, countenance livid, respiration nearly annihilated. The parents made up their minds to part with their little darling, and that too very soon; and I could not give much encouragement to the contrary. But, as a *dernier ressort*, I ordered the following: R. Ol. tiglii, gtt. xii.; adipis, 3 ii. M. fiat unguentum.

A portion, the size of a pea, was directed to be gently rubbed along the course of the trachea every fifteen or twenty minutes. I feared that my next visit would be *post-mortem*, but was delighted to find the child better, in fact playing on its mother's knee; and she informed me that scarcely fifteen minutes after the first application of the ointment had elapsed, ere there was a visible change. The child now breathed easier, his countenance assuming a more natural appearance; coma passing away, with the forcible ejection of a quantity of tenacious mucus. The use of the ointment was continued at much longer intervals; the next day the membrane disappeared entirely, and the child was well.

I have had three cases of croup since, in which the second stage was about forming, before I was called to attend. In these I have pursued the same treatment with similar success.—DR. S. C. ELLIS, in *New York Journal of Medicine*.

Extirpation of Ovarian Tumors.—This is the surgical subject of the day. It is the fashion just now to open the abdomen and cut out the ovary. It was the fashion last year to lay violent hands on every squinting man, woman, and child, and cut his, her, or its eyes out. A pitiful spectacle, and the current version of the old story of Panurgus's sheep. Will it never be otherwise? Will the mass of men be always under the influence of the whim of the hour—always run after novelty, because it is novelty—be always led by the nose by the quack or the enthusiast? For our parts, we firmly believe that they will. *Populus vult decipi—decipiat*, will be just as true in the fortieth century as in the nineteenth. But with what face can we reprove the public for its encouragement of quackery, when we, the profession, who arrogate to ourselves science, and experience, and judgment, and so-forth, show ourselves, on all occasion, so credulous, so whimsical, so apt to take up and put down all sorts of notions and of practice? It is the devil reproving sin, and the world sees it.—*Medico-Chirurgical Review*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JUNE 12, 1844.

No. 19.

PROLAPSUS OF THE RECTUM.

From Sir B. C. Brodie's Lectures at St. George's Hospital.

THIS disease, as it occurs in adults, is, in the majority of cases, internal piles ; which, in coming down, bring the lining membrane of the intestine with them ; so that it is not disease of the gut itself, but is merely an affection of its lining membrane, produced by the piles. But in children you do not have piles ; and in them prolapsus frequently occurs ; the gut in children is very thin, in consequence of which intussusception also is common in children ; and this partly accounts for the prolapsus taking place. The extreme thinness of the gut, then, appears to be one cause ; another is, that, at this early period, the organs of generation are not perfected ; the prostate and vesiculæ seminales are not completely formed, so that the parts are not so well supported, cellular tissue and fat occupying the place of these organs. I have frequently recommended in these cases, the repeated application of a lotion, containing one drachm of the tr. ferri mur. in a pint of distilled water, and the patients have been much relieved by it. There is another circumstance I have made out since the publication of my lectures, viz., that as the child grows up, the disease occasionally disappears without any treatment, but this is not always the case ; the remedy which I recommend is, nevertheless, very simple ; make the child learn to use a bed-pan, so as not to sit up when it has a stool ; or what, perhaps, is still better, if you can persuade the friends to purchase an invalid bedstead, such as we have in the Hospital, where you know a cushion can be removed from the middle of the bed, and the pan being fixed beneath, the patient always passes his stools whilst in the recumbent posture ; there is no difficulty in teaching a child to pass his motions in this position, and then the rectum will not come down. This plan should be followed for a year or two, and then, as the child gets stronger, the disposition to prolapsus will be overcome, and the treatment may be discontinued. Whilst conversing a short time since with a friend of mine (Mr. Maudsley, of Hanover Square), he mentioned that in his old patients who suffered from internal piles, he had observed, that where they were bed-ridden for any length of time by any other disease, the piles always disappeared ; and it was from this circumstance that I first tried the recumbent posture for the cure of prolapsus, which, as I have mentioned, I find to answer most perfectly. The simple operation of

tying piles is not always unattended with danger. When I delivered the lecture to which I have adverted, I had performed the operation several hundred times, and had only lost one patient ; but I am sorry to say, since that time, I have lost no less than three patients after this operation. But a patient may die from the piles ; so that if there is a little danger attending the operation, it is no reason why it should not be performed. But in all cases, gentlemen, where you think there is danger, endeavor (as I recommended to you in my last lecture) to make out what is the cause of that danger. In those cases which have proved fatal, I have always found diffuse cellular inflammation about the rectum, which has risen as high up as the mesentery ; or else there has been effusion of lymph in the part surrounding the rectum ; in short, they all died of diffuse cellular inflammation. Now, this affection is principally dependent upon the state of the patient's general health ; and those who die from this cause in the Hospital, are generally persons who have been largely addicted to drinking : the same cause, in the higher classes, tends to the formation of carbuncle. In the first who died here, the kidneys were soft, and precisely in that state in which they were found to secrete albuminous urine ; and in the bladder I found a fibrinous calculus, the only one I ever saw ; when dried, it shrunk almost to nothing ; its formation can only be accounted for from the overloaded albuminous state of the urine. This patient was, of course, in an unfavorable state for any operation, but I did not previously ascertain the state of his water : and if I had, I did not know sufficient of the disease to have cured it. The next patient had a great deal of bleeding from the piles, but here I examined the state of the urine with Dr. Prout, and found it to be loaded with albumen. In all cases, if the patient is not in perfect health, and you find the albuminous state of the urine, you may suspect the disease of the kidneys. The third patient was a man who had always been ailing, and was a sallow, miserable-looking person. I told him he had better not have the piles tied ; but he said they were extremely troublesome, and begged I would do it. I did so, and in a few days he died from the same cause as the two former ; but here I operated at the patient's own particular request. Of course, it is always important that the patient should run no unnecessary risk ; therefore, at all times previous to operating, ascertain whether his general health is good, and never omit examining the urine ; if it contains no albumen, and the patient's health is otherwise good, there is no more danger attending it, than there is in bleeding a person from the arm ; there is no operation which, under certain circumstances, may not be dangerous. I have known many die from cellular inflammation following blood-letting ; so also after cupping, erysipelas may follow. I have known persons die from the sting of a bee, and others from pricking minute abscesses to let out the matter. In all these cases, the fatal result is to be attributed to the state of the constitution, and not to the operation.—*Medical Times.*

MEDICAL DEPARTMENT OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Med. and Surg. Journal.]

At the semi-monthly meeting, May 1st, 1844, of the Medical Department of the National Institute, Dr. Lindsly, to whom the subject had been previously referred, presented the following abstract of a communication from James L. Day, A.M., M.D., late physician to the colony of Liberia in western Africa, and United States Agent for taking care of re-captured Africans—and, on motion, the abstract was ordered to be published.

This paper discusses various subjects of public interest and importance, and is highly creditable to the industry and intelligence of its author. He takes up in their order and discusses the questions proposed by this Department in their medical circular.

Question I. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?

He gives a description of Monrovia, the principal town of the colony of Liberia, from which he dates his letter, and to which and the country immediately surrounding, his personal observations were chiefly confined. This town is situated in lat. 6 19 north, in the neighborhood of several extensive swamps and marshes, which he considers abundant sources of malaria, and quite sufficient to account for the prevalence of the fever which in former years has proved so fatal to the whites who have emigrated to that country. Most of the inhabited points along the coast are similarly situated, as Gambia, Sierra Leone, Bassa Cove, Cape Palmas and Cape Coast. "But," he remarks, "the redeeming feature is the south-west sea-breeze, which not only blows by far the greater part of the twenty-four hours at all seasons, but in the rainy season is the prevalent wind, there being seldom much land breeze, even at night, during the six or seven rainy months; and again to mitigate the otherwise destructive effects of so great sources of malaria, we have the tornado seasons which characterize the changes from dry to rainy and from rainy to dry seasons. By their sweeping winds, abundant discharges of electricity and torrents of rain, they purify and cleanse the air."

Question II. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?

In answer to this question, he states that it is only about twenty-two years since the colony of Liberia was first established—that during that period something has been effected (quite as much as under the circumstances could be expected) in the cutting down of the forests, draining the swamps, and in cultivating the soil—and that owing to these improvements and the better modes of treating disease, the acclimating fever, as it is called, which attacks almost all the emigrants, is much milder in its character than formerly, seldom confining the colored man more than a few days, and then leaving him in perfect health—and very frequently

proving dangerous even to the white, in whom it is generally very easily controlled by the administration of appropriate remedies.

Question III. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?

Liberia being a recently settled country has no manufactories, properly so called, and of course the question requires no discussion. They have artizans of various kinds, house-builders, tailors, blacksmiths, rope-makers, tanners, &c. &c.

Question IV. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?

In answer to this question, Dr. Day remarks, "All fevers of miasmatic origin have so close a resemblance to each other, except in intensity, it seems scarcely proper to call a fever of one miasmatic district an endemic, when the same fever is common to every other place where the same causes operate with the same degree of violence. But though the fever of this coast may be similar to the Bengal, the Jamaica and others, I find no works on tropical countries, which treat of remittents and intermittents and their cure, that I would follow implicitly in my practice, and therefore we may speak of the endemic fever of this coast in answering the next question."

"We have also among the natives of this country, diseases we believe originally peculiar to them, and by them through the slave trade introduced into the West Indies and other slave-trading countries. One called the 'yaws,' an African name, will be found described in a small work entitled 'Hilary on Air, with notes by Dr. Rush, p. 245 (1811).'

"This disease Dr. Day does not describe more particularly. Another affection, called the "craw craw," prevails rather extensively among the natives. It consists of a fine-pointed, vesicular, watery eruption, very troublesome from the excessive itching it causes, often covering the body from head to foot, exceedingly disgusting in its appearance, and capable of propagation by contagion. Having had but little opportunity of seeing these diseases in the colony of Liberia, as they prevail chiefly among the natives, Dr. D. does not enter at all into their pathology or treatment. Epidemic diseases have occurred but seldom. Several years since, the smallpox prevailed extensively and proved very fatal among the native tribes, while but a single *colonist* died from it. Dysentery has also occasionally assumed an epidemic character, though not particularly malignant or fatal, yielding pretty readily to an internal stimulant treatment. Sporadic cases of leprosy are found among the native population.

Question V. What has been the character of the fevers of your district, what the cause, what the most successful mode of treatment, what the pathological changes found upon examination after death, and how far is there proof that they have been under any circumstances transmitted by contagion?

Answer.—The endemic, commonly called the African or coast fever, originates no doubt from the malaria generated from the extensive mangrove swamps almost everywhere present along the coast, combined with

that generated from the vegetation everywhere luxuriant and decaying with great rapidity in this warm country, especially in the season of the periodical rains. This once assumed the character of a malignant bilious remittent, rarely taking the milder form of intermittent or tertian agues. Recently, from the causes before suggested, when remittent it is more mild, and oftener it appears in the intermittent form. In general it yields readily to remedial agents, and it is found the best practice is one in which mild mercurial cathartics are used by day and sedatives at night, avoiding the danger of bringing on, by drastic purgatives, fatal hypercatharsis—and likewise avoiding entirely the use of the lancet, except possibly sometimes it may be employed in cases of sailors of full plethoric habit. But even in such cases, Dr. Day remarks, he would resort to it with fear and great reluctance. At the first intermission, and in some cases the first considerable abatement, without waiting for a distinct intermission of the febrile symptoms, after the system has been brought under the action of calomel, he gives the sulph. of quinine, in doses of from five to twenty grains, according to the circumstances of the case. After having once prepared the system and commenced the use of the quinine, he remarks, he is rarely compelled by the return of the fever to stop it, except during the after part of the day, for the first or second day of its employment. It is continued in small doses for about three days, and then administered, dating from the interrupted paroxysm of the fever, on the sixth, thirteenth and twentieth days thereafter, there being a constant tendency in such fevers to return at septemary periods.

The necessity in that moist and warm climate of speedy interment, together with a strong prejudice against such things, precludes the possibility of frequent or even occasional *post-mortem* examinations. But from the symptoms it is observed, says Dr. D., that the violence of the disease by the derangement of the biliary system falls primarily upon the stomach, and through sympathy affects the brain, simulating in many cases brain fever, and almost leading to a belief in the existence of inflammation of that organ. It has been proved most conclusively, where resort has been had to direct depletory measures to reduce the supposed inflammation, that yielding to such a belief proves fatal to the patient in most cases. But counter-irritants to the epigastric region are almost indispensable to a speedy cure, as by their use we avoid that continued weakness of the digestive organs that brings a train of attendant evils. He goes on to remark, *that in no case and under no circumstances has it proved capable of being transmitted by contagion.*

Question VI. What change has taken place in the type of disease, within a series of years, in your district, and to what is such change to be ascribed?—This question has already been answered in the replies to the second and fourth.

Question VII. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion and from what causes?

The remarks embodied in the previous answers, showing the malignity of the diseases, particularly the fever, of this climate to have been miti-

gated as the clearing and cultivation is extended and increased, and showing, too, that a better system of practice has been the result of the twenty years' experience in this colony of the diseases known within its limits, have in effect answered to this question that the average duration or probability of human life has increased within these few years, although there are no regular statistics to which access can be had to determine this point with absolute certainty.

Question VIII. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?

In answer to this question, Dr. Day remarks that he considers that the colored man, in emigrating to Africa from America, incurs much less risk to health and life than he would in going to Canada or the West Indies—that the cold of the former would produce more severe and more fatal diseases than are encountered in Africa, while the yellow fever of the West Indies, which is entirely unknown to Liberia, is much more dangerous than the mild acclimating fever to which the negro is liable upon landing in Africa. Upon the whole, he contends that the danger incurred by the colored emigrant is very slight indeed—and that even the white man is much less exposed than is generally imagined, many having lived in the colony four, five, six, seven and eight years in tolerable health, while many slave dealers have grown gray in the pursuit of wealth by their horrid traffic.

Question IX. What is the relative degree of health, longevity and increase of the slaves and free blacks; which suffers most from the influence of your epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?

As there are no slaves in the colony of Liberia, this question is not applicable to their state of society.

Question X. What is the annual number of marriages, births and deaths, to each thousand of your population, and what is the proportion of male and female children born?

In answer to this question, Dr. Day remarks that there are no statistics by which the facts can be ascertained with any degree of accuracy.

Question XI. Have you any cases of great longevity, what have been the habits and occupations of such persons, and were they natives of your district, or emigrants, and from what country and place?

He replies that they have a few cases of great longevity; the most remarkable of which are two emigrants who came here from the United States, one of whom is 102 years of age and the other 105.

There are occasionally instances of remarkable longevity witnessed among the natives, but they are rare, in consequence of the cruel treatment towards the aged among most of the African tribes. Age is respected only where it has power to enforce that respect. Men, and especially women, find little sympathy, when they come to that age where the dependence of second childhood throws them upon the charity of others.

Question XII. Have you any persons who live exclusively upon a milk or vegetable diet, and what is the apparent effect of such diet upon

the duration of life, the health, strength and activity of the body and mind?

In reply to this question, Dr. Day states that there are no such instances to his knowledge, among either the native or colonial population. The diet of the natives is mainly vegetable, being mostly rice, cassava, and the product of the palm variously prepared. They likewise eat almost everything endowed with animal life—elephants, cats, dogs, leopards, snakes, horses, alligators, lizards, monkeys, grubs, snails, bats, locusts and flying ants.

Question XIII. What has been the effect of the temperance reformation upon the strength and health of your citizens?

As the curse of intemperance has not made rapid progress in the midst of this people, the excitement has not been great to labor in the cause of temperance with much zeal. But the custom prevails to some extent of buying ardent spirits for trading with the natives, and as far as practised must prove injurious—though it is a rare sight to see a native man intoxicated with anything but the wine made from the juice of the palm-tree, which, when a day or two old, becomes quite exhilarating.

Dr. Day promises another communication to the Medical Department of the National Institute, when more at leisure, in answer to the remaining questions of their circular.

CASE OF HEMIPLEGIA.

By A. F. Carr, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. B., æt. 65, farmer, tall and spare; height six feet, neck in proportion to his height; head rather small than otherwise; of respectable mental endowments, and considerable vivacity; never enjoyed robust health, but by a prudent course of regimen, has been able to labor almost every day of his life. This morning (October 8, 1843), while putting on his coat, without any premonition, his left side became paralytic. I saw him within half an hour after the attack. I could not learn that he had been comatose. He appeared lost when they placed him upon the bed, and was somewhat confused after I arrived; but there was nothing like profound coma. There was that peculiar fatuous expression of the face which characterizes palsy of the *portio dura* of the seventh pair of nerves. The tongue, when he attempted to protrude it as usual, turned towards the affected side. No sensible difference between the temperature of either side, and only partial anæsthesia. Pulse 50 and soft; pain in the right side of the head, just above the temporal fossa; respiration but slightly interfered with. There was no engorgement of the vessels of the head or neck. Some little difficulty in swallowing. His voice had lost its accustomed tone, and had become whining and childlike. Our prescription was:—Sub. mur. hyd., gr. x., assisted by senna and zingiber; foot-bath; frictions upon the limbs and along the spine with the hand, and aq. am. quad. spts rosemary, āā ʒ ij.

October 9th.—No operation of the bowels ; can draw the leg up and move the arm a very little ; but they feel large and heavy ; considerable heat upon the surface of the body ; pain in the head increased, and the veins of the neck and head fuller than on the day before, but not engorged. Did not see fit to bleed. More cathartic medicine was taken.

10th.—Better in every respect ; physic has operated favorably ; obtained the control of the muscles of the face to some extent ; the tongue still turns towards the affected side, and is a very little coated. Says he has a good appetite.

I learned to-day that several years ago his little finger upon his left hand became numb suddenly, while stooping for some purpose, and subsequently his left arm was palsied—both of which were relieved by frictions.

This patient walked about in less than a week after receiving the shock, and I did not see him again until December, when he called upon me for medicine “to make him sleep.” Had been able to walk and ride about, but had not slept for eight nights ; felt perfectly calm and easy, but could not lose himself in sleep. Musk and morphine procured a good night’s rest ; but did not answer so well afterwards as an infusion of valerian and the foot-bath. I have been informed that previous to October he had not rested well at night.

March 27th, 1844. Visited the patient. He related his case in a whining voice, which had continued since his paralytic attack. Said that in January, while tying up his cattle, he awoke under their feet, and has fallen twice since while walking. Thinks he could produce one of these falling fits by raising his hands high over his head. He is easily affected to tears ; his memory is impaired, and he finds it difficult to confine his attention to his ordinary affairs. I noticed his skin to be dry, but not hot ; bowels costive ; tongue covered with a white coat ; the function of the urinary bladder healthy ; pulse 23 the minute, and remarkably regular. Complains of dark clouds passing over his mind, which obscure his senses for a moment, and simultaneously a spasmodic contraction of the muscles of the left leg may be observed. He appeared sensible of the approach of this eclipse, as he called it afterwards when it occurred oftener, and only lost his senses when it became total. It gave him the idea of death, and depressed his spirits exceedingly. These paroxysms occur more frequently when he attempts any mental effort.

29th. Saw Mr. B. before he arose in the morning. There was not much variation in his symptoms from the 27th. He fancied himself better : his skin, in fact, felt more moist and natural, and the tongue slightly improved. He suffered no pain, and appeared less depressed ; none of the “eclipses” during the night. There had been a motion of the bowels. The pupils of his eyes, I noticed, were more than usually dilated, and throughout his disease there was no sensible variation in them, notwithstanding the different degrees of light to which he was exposed ; pulse 22 the minute.

30th.—I find his pulse as low as 20. He sits up and converses with cheerfulness, walks about the room, and feels quite encouraged.

31st.—Cheerful; has not had any of the dark spells; pulse 28.

April 1st.—Found my patient attempting some little business, adjusting accounts with a neighbor, which occupied several hours. In the afternoon I was sent for, and found him much worse. Dark clouds are continually passing over his mind, which create the most gloomy apprehensions. Notwithstanding everything like mental effort was strictly interdicted, he made his will in the evening, thinking he should not survive the night. Vomiting took place about 12 o'clock, which afforded relief, and I found him in the morning with a pulse 34 the minute, but extremely exhausted. This momentary suspension of intellect continues—perhaps he lost all consciousness twenty times during the night. Afternoon—has abstained from conversation through the day, and feels revived. His bowels answered to a cathartic.

2d.—Rested the first of the night, but the latter part was disturbed by the darkness which continued at intervals for two hours, wholly depriving him of rest for the remainder of the night. Pulse for the first time irregular—between each pulsation there is an interval of between two and three seconds; at every twenty beats there follows a pulsation of less force, succeeding which there is an intermission of seven seconds; in all, 25 the minute.

3d.—Mr. B. has had a comfortable night, but few "eclipses;" pulse 29 the minute, and regular; tongue less coated; appears better in many respects; converses well, and enjoys some anecdotes related by his brother.—About noon he felt a motion of his bowels, and arose without assistance, and walked to the stool. His wife stepped into an adjoining room, and when she returned, having been absent but a moment, he had fallen back, apoplectic, and died immediately.

What the organic lesion was upon which these symptoms depended, we are left to conjecture, it having been impossible to obtain a *post-mortem* examination. Might it not have been a case of *ramollissement* of that part of the brain from which the heart receives its nervous influence? It appeared to me that cerebral hæmorrhage, the ordinary cause of hemiplegia, would not account for all the symptoms. If there had been an effusion in October, absorption would have taken place to some considerable extent within five months, and the brain have resumed its proper influence. At last there might have been an effusion. But this is all conjecture, and perhaps not rational.

Goffstown, N. H., May 29th, 1844.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. VI.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 314.]

FROM the view which has been taken of the subject, and the facts that have been adduced, it will appear to follow as an unavoidable

corollary, that epidemic puerperal fever either may, or may not, be contagious, according as it may happen to be merged in or accompanied with contagious or non-contagious diseases. Whatever the tendency of the prevalent disease or epidemic diathesis may be, the puerperal cases of that period assume its distinctive livery. Upon this subject Fleetwood Churchill, in his treatise on Midwifery, has very justly remarked, "Whatever the epidemic influence may be, there can be no doubt that to it the majority of cases are attributable, especially the worst and most fatal." Most, if not all, of the puerperal epidemics of which we have any authentic accounts, have been accompanied either by erysipelatous or typhoid fevers. The prevalent disease has given the type and general character to the complaint. When the epidemic constitution of the year has produced erysipelatous fevers, the puerperal affections have put on the same essential characteristics, as facts, when carefully scanned, demonstrably show to have been exemplified at Aberdeen, Leeds; and recently in New Hampshire, Vermont, Indiana, &c. In other instances, when typhoid fevers have been epidemical, as reported by Clarke and Collins at London and Dublin, the puerperal fevers have been of the low typhoid type, and not unfrequently attended with petechial eruptions. Hence the question in relation to the contagiousness of puerperal fever resolves itself into the simple fact, whether the prevailing epidemic be contagious.

In all diseases which are epidemic, it is extremely difficult to decide upon the question of contagion, inasmuch as the cases which support most strongly the contagiousness of the disease, may almost all be explained by the prevalence of the epidemic cause. It is clear, however, that some reported cases of puerperal fever are so manifestly produced by contagion, that it must be admitted that it is occasionally thus communicated. This admission, however, ought to be regarded *an exception* rather than a rule, especially in its erysipelatous form. That it may be carried with *unwashed hands*, in the manner not long since reported in this Journal, or by infection, either of typhus or erysipelas, in clothes which have imbibed infectious matter, there can be but one opinion entertained. It becomes the practitioner to see that his hands are well washed, his clothes clean and unfilthy, or not only to quit practice, but all decent society.

Attention to cleanliness and purification completely checked the ravages of puerperal fever from February, 1829, till the close of Dr. Collins's mastership, November, 1833, in the Dublin Lying-in Hospital. Patients who wished, received attendance and necessary assistance at their own houses. Although the disease had become alarmingly rife in the Hospital, it was not communicated by either the medical attendants or nurses to patients at their houses. The disease made no more ravages for nearly five years.

From what I have said, it may be inferred that wherever epidemic erysipelas occurs, it will always be accompanied with the child-bed cases. This is far from being the fact. During its recent epidemic visitation in this region, in the years 1841, 42 and 43, although it occurred to a greater or less extent in, at least, twenty towns, its occurrence in its pu-

erperal form was mostly confined to Middlebury, Crown Point and Moriah. Several cases of this description occurred in New Haven, some in Bristol, one or two in Salisbury, and some in Brandon. If, in this form of the disease, it had been as contagious as it has been represented by *some eminent writers*, why did it not become more generally prevalent? Certainly there was a free intercommunication among the sick and the well, not only among the people, but among the nurses and the doctors; and this intercourse extended to all cases, whether of the simple erysipelatous, or of the erysipelatous in its puerperal garb.

Causes and Character.—The remote cause of the extensive prevalence of erysipelatous fever for several years past, is obviously atmospheric—the essence of which is probably of a terrene origin. Its entity or real character will probably remain unknown till some fortunate discoverer shall detect the true materiality of malaria. Suffice it to say, that this epidemic diathesis was universally experienced in this vicinity at each occurrence of the complaint in the years of 1826 and 42. Its influence has appeared to have been rendered latent or active on the human system by innumerable and ever varying circumstances. In this place, the epidemic influence at each period was so great that hardly an individual could be found who at some time, during its prevalence, did not experience the premonitory indisposition, to a greater or less degree. This premonitory ailment usually resembled a catarrhal affection, with a soreness and diffuse inflammation of the surface of the throat. These symptoms, in the course of two or three days, in a majority of the instances, have disappeared without any important medication. In other instances, these mild affections have been preludes to severe attacks. The accession of the disease has usually commenced with violent chills and rigors, followed by intense feverish heat, constant and deep-seated pain in the head, and migratory pains in the back and limbs. The throat, although in some instances it had not excited the attention of the patient, has uniformly been found inflamed, and the tonsils swollen. This last affection has usually advanced rapidly, so that in a few hours deglutition could be performed only with extreme difficulty. The tongue, at this stage, has been considerably swollen—in some instances it became so enlarged as to fill the mouth, and prevent the passage of anything to the stomach. This was, however, rather a rare occurrence. The surface of the mouth was generally, in bad cases, in a state of vesication, somewhat resembling aphthæ. In some instances this vesicated state evidently extended into the larynx and trachea.

In the course of a day or two, the disorder of the throat and mouth has usually become mitigated or entirely gone, and proportionally as the original local affection diminished, the face, scalp or side of the neck have become affected with a diffuse inflammation, swollen, painful, hot and vesicated, assuming by this migration the unequivocal characteristics of erysipelas. The local affection has rarely remained any considerable time in one location, except when it seized a deep-seated or internal organ, muscular tissue, cartilage or bone. When on the external integuments, it has occasionally passed over the head, down the

neck and body, and terminated its migrations on the limbs. Sometimes its changes have been to the brain, the lungs, the liver or the abdominal viscera. No instance has fallen under my observation, either in practice or on dissection, where its location has been confined either to the skin, the mucous, the serous or fibrous membranes. These have each and all been involved in the disease, together with the subjacent tissue.

When the local affection has occurred in the lungs, there has been violent dyspnœa, and great distress or pain in the chest. The respiratory murmur has been much diminished, and unless the disease was speedily arrested, the expectoration has assumed a dark and grumous appearance, which, in this disease, the father of medicine appears to have regarded as "*purulent and putrid*."

In the abdomen, its location has been indicated by the severity of the pain and exquisite sensibility of the abdominal integuments, which soon became tense and distended. In short, in this condition the symptoms have been those manifested in puerperal *peritonitis*. In all these cases the pulse has been frequent and quick. Occasionally the local affection has seized the soles of the feet, ankles, or palms of the hands, and when thus located much pain and distress have been experienced. In these situations the duration of the complaint would be greatly protracted.

Petechial patches, on various parts of the surface, have been no uncommon occurrence. In some few cases, the whole cutaneous system has been covered with an efflorescence like *rosalia simplex*. These cases have been very mild, hardly requiring any medication.

The constitutional disorder has continued from one or two, to eight or nine days, when convalescence or death has ensued; unless the complaint has been prolonged on account of an unfortunate location, in which case its duration has been uncertain, varying from one or two weeks, to *six*, or even as many months.

At the onset, in some cases, the complaint has very closely mimicked rheumatism. One or two of the first cases of 1842 were of this description, and speedily proved fatal from congestion. Recoveries from this form of the erysipelatous epidemic have been tedious and protracted. These *masked cases* have usually, during their course, evinced their specific or erysipelatous character by the distinct appearance of numerous papulous eruptions over the surface of the part affected.

[To be continued.]

LUMBAR ABSCESS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—About one year ago I was requested to visit a Mr. Tucker, in Cumington, aged about 30 or 35 years, who had formerly been accustomed to high living and some irregularities, but for a year or two previous had abstained entirely from alcoholic stimulants. Being an intelligent and active man for business, he had recently been in a country store, in the capacity of clerk. I found him laboring under an extensive

lumbar abscess, with hectic symptoms, having such profuse night-sweats that his attendants were in the habit of changing his night-dress in the course of each night. He was not, and had not been, exercised with much pain—walked about the house in a slow and cautious manner, partially stooping; and many who had seen him judged from his countenance and general appearance that he was laboring under some singular and fatal disease. There was very extensive tumefaction in the left lumbar and neighboring regions, with obvious fluctuation; but nothing of the kind in the region of the groin.

Not expecting to meet with any such kind of case when I left home, and having never before been called to prescribe for the like, I was disposed to delay opening, and consult my authorities. But I directed iodine ointment, hydriodate of potash in small doses internally, and left the patient under the care of Dr. Tobey for one week.

Being unable to find, after returning home, any authority for using iodine for lumbar or for psoas abscess, *in articular*, though probably there is such authority—and finding the weight of authority to be in favor of opening, I made my next visit under the expectation of doing so. But finding there was decisive improvement, I advised to continue the same course (only substituting the iodide of lead ointment for the other, whenever the skin should be much irritated) for another week.

On my third visit I found still further improvement; and, directing one-sixteenth of a grain of corrosive sublimate three times daily in an *infusion* of sarsaparilla, instead of the hyd. pot., I again delayed opening. On my next visit I found the improvement had been very rapid—so much so that I could but regard the mercury and sars. as a much better medicine for the case than the hyd. pot. Under this course, continuing the two iodine ointments alternately, the patient within a few weeks entirely recovered. To the best of my recollection I did not visit him again, but in the latter part of October I saw him, plump and hearty, *although* he had then been married several weeks, if not months.

The foregoing is all the treatment of consequence resorted to in the case after I first saw the patient. Perhaps a laxative pill, or so, was given now and then; but I have not the faculty of reporting a case, some six or twelve months after its termination, with all the minutiae as to symptoms, diagnosis, prognosis and treatment, and this too under particular dates, just as if I took daily notes of the case, when, in fact, I *took no notes at all*. I recollect, however, that more of the iodide of lead ointment was used than of the common iodine ointment, and that the amount of the two was, probably, about four ounces.

Ashfield, May, 1844.

CHARLES KNOWLTON.

TYPHOID FEVER.

A Clinical Lecture of Professor Dunglison, Philadelphia.

THE Professor first presented to the class a well-marked case of typhoid fever, by which to illustrate some observations which he desired to make upon this important disease before the close of the session.

The class, he said, were aware that, within the last few years, a division had been made in what was before regarded as typhus fever, into two distinct forms—*typhus* and *typhoid*, based upon a distinction in the pathological lesions, and therefore in certain of the morbid phenomena. In this division, the celebrated M. Louis, of Paris, had particularly distinguished himself, by his care and skill in investigating and presenting what he considered to be the distinguishing traits of typhoid as compared with other fevers.

This distinction (which is not, however, admitted by British authorities in general) consists, as alleged by Louis, in the absence, in true typhus, of any intestinal lesion; whilst, in typhoid, there is generally—some say, universally—a well-marked affection of the follicles of the intestine, and most commonly in those patches of Peyer which are found in the ileum, near the colon. In typhus, petechiæ and vibices, or livid marks, such as would be produced by the stroke of a whip, are observed; which, being absent in typhoid, are usually counterbalanced by the occurrence, after the first week, of *taches rouges*, or rose spots, resembling flea-bites. These disappear on pressure, but immediately recur on its removal.

Meteorism and enlargement of the spleen are also said to be usually present in the typhoid form. Both, however, are found to occur frequently in other affections.

These divisions, the lecturer thought, are not proven; and instead, therefore, of adopting the views of those who regard the follicular affection as the primary lesion, and, as such, productive of the phenomena observable in typhoid fever, he would rather regard it as an accidental difference in the expression of adynamic fever, or as a mere variety of the same disease as typhus. Thus, since the attention of the pathologists of Great Britain has been more directed to the diagnosis of the typhoid affection and typhus, it has been frequently discovered, that to the alleged pathognomonic symptoms of typhus have been added the intestinal lesion, meteorism, &c., of the typhoid affection. The Professor alluded, also, to cases occurring in this country, in which there was an evident mixture of the two. From all his own observations, and reflections based on the observations of others, he was not, therefore, prepared to admit typhoid and typhus to be two distinct diseases; he thought that both are forms of adynamic fever, presenting different phenomena under different circumstances. In this country, and in France, the intestinal affection is generally present; whilst in England, it would appear to be as commonly absent.

Such being his view, the principal indication in the treatment would be, to combat the pathological conditions as they presented themselves, and support the system until the malignant influence should have passed away; taking care to guard against hyperemia of internal organs, which constitutes the main danger of febrile diseases.

In the case now presented to the class—the history of which follows—certain of the phenomena of true typhoid, as delineated by Louis, Andral, and others, are as well marked, perhaps, as they ever are in any single case, and therefore adapted to impress the characters of the “typhoid affection” the more strongly upon the class.

Elizabeth M—, æt. 27, entered the wards January 21. Had been attacked by a chill, which was followed by fever, with pain in the head. Pulse 80, small and feeble; respiration nearly natural; tenderness and gurgling sound on pressure in right iliac fossa; slight resonance indicated by percussing the abdomen; slight meteorism; a mercurial sœtor was observed, without any mercury having been administered whilst in the Hospital. Two days since, presented evidences of gastro-enteritis, which have gradually disappeared. At this time, the tongue appears slightly furred in the centre; skin moist, but not very hot; great tenderness, and gurgling upon pressure in the right iliac fossa; pulse 80, small and feeble; meteorism scarcely at all marked; *taches rouges* very distinct upon the abdomen, so as to be readily seen by the class.

Was first treated by an emeto-cathartic, and afterwards by mild cathartics; the indication being to keep the intestinal canal clear, but by no means to irritate it by violent purging. For this purpose, the Professor has been in the habit of using the *Oleum Ricini*, in teaspoonful doses, which he has generally found to be sufficient, and which he can recommend, not only in this, but in all other cases in which there is a morbid condition of the lining membrane of the bowels, and a similar indication has to be answered. Sponging the surface with tepid or cold vinegar and water (the latter being equally effectual when used alone), will be found to exert a favorable refrigerant influence, whenever the skin is steadily hot and dry, far exceeding any of the reputed diaphoretic agents so much in use. The Professor would trust little, in these cases, to the shop of the apothecary. He would keep the patient free, as far as possible, from all disturbing influences, as light, noise, &c. It may become necessary, in protracted cases, to excite a new action in the system by touching the mouth with mercury, or to give, as it were, a gentle fillip to the intestinal surface by means of some agent, as the *Oleum Terebinth.*, which may be combined with the *Oleum Ricini* with good effect. External treatment may also be advisable, as cups, or other counter-irritants, to the abdomen: supporting the system in the latter periods, when necessary, by mild excitants, as wine whey, &c. &c. Under this simple treatment, more decided benefit will often be experienced than from any other course. Such has been the result of the Professor's experience, not only in this, but in the bilious remittent fevers of the country. Such, too, appears to be the result in the case at present under consideration, which bids fair, in the absence of any serious complication, to eventuate as favorably as could be desired.—*Medical Examiner.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 12, 1844.

Dislocations and Fractures of the Joints.—Under the patronage of the Massachusetts Medical Society, the celebrated work of the late Sir Astley

Cooper, on dislocations, was recently published in this city, by Mr. T. R. Marvin, and copies distributed to the members. At a distance, it may appear to the profession that the work was prepared for those only who happen to belong to the State of Massachusetts. Such is not the fact; the edition is sufficiently large to accommodate an extensive circle of purchasers; and since this particular edition is one of uncommon merit, having been passed through the press under the careful scrutiny of a medical committee, it is altogether superior to any other one, to our knowledge, on sale in this country. If there is confidence to be placed in the experience and maxims of any surgeon, Sir Astley Cooper has an unquestionable claim to this confidence. The more extensively his writings are studied, the more learned and successful will practitioners become.

Large Profits on a Small Capital.—A man has strewn his circulars over the city and neighboring country towns, in which he announces Mesmeric examinations. He "begs to state that his subject is able to make accurate and critical examinations at all times, without regard to the state of the weather. He makes this announcement because many subjects are unable to examine patients in rainy or cloudy weather, and persons from the country are frequently obliged to tarry in the city several days on expense." They will be on expense if they become the dupes of these speculators in human credulity, by staying half an hour.

We have frequently had occasion to allude to the fact that Boston abounds with all orders of quacks. And it is surprising how well they succeed in business. But the resident inhabitants are not the patrons of this hungry pack of knaves, to the extent that might be at first supposed. The country people, influenced by the mightiness of their all-promising advertisements, flock to their doors in crowds, and thus permit themselves to be enormously imposed upon for the support of men and women who would not be admitted into decent society. Here we have *eminent female physicians*, who have no more knowledge of diseases than they have of the quadrature of the circle, yet they are in the receipt of an income, for a moiety of which, some forty half-starved physicians, of high intellectual attainments, would be thankful.

But the Mesmeric exploration into the chest and abdomen, is altogether a new kink, and takes wonderfully well of late. The number of adventurers is rapidly multiplying, so that to get a share of business, every new debutant who enters the field must see a little more and a good deal farther than his neighbor who pursues the same system of iniquity. By this simple modification of the original principle of deception, the whole community is accommodated according to the measure of their individual credulity and the length of their purses. A patient waits upon one of these Mesmerizing doctors, who manipulates Miss — into a profound slumber, which is accomplished so very quickly, if both parties happen to be in haste, as sometimes to lead a pretty stupid invalid to suspect some trickery in the matter. However, with both eyes closed, she forthwith begins to describe, for example, ulcers on the kidneys, red spots on the liver, blood in the brain, water in the bowels, strings in the heart, and so on, till the poor sap-head, alarmed and thunderstruck at the *clair-voyant* development, cries out, enough! pays the fee, and returns home by the next train of cars, to brood over these important discoveries, which

had eluded the skill of a very respectable physician, in whom, till now, he had had perfect confidence.

This is by no means an exaggerated illustration of the *Mesmeric exploration mania* that is now rife in the city of Boston. Of the qualifications of the persons engaged in this shameful system of sponging, which, by the way, may be an indictable offence, those who stand in the relation of spectators cannot be indifferent judges. It is humiliating, in this age of the world, when the sun of knowledge shines with increasing splendor, that such individuals should be permitted to traffic so largely in human health and human happiness, unrestrained by the arm of the law.

New System of Organic Chemistry.—M. Gehradt, a professor at Montpellier, in France, is said to have produced a new work on organic chemistry. He translated Liebig's treatise; but in the course of his labor became convinced of the insufficiency of the theory of organic radicals adopted by his author, and at once, therefore, entered upon the composition of an entirely new work, in which equivalents are introduced, wholly unknown to other writers. M. Gehradt attempts classing organic substances into families. From the little that can be gathered in relation to the subject, it is apparent that some of the French philosophers are looking with no ordinary expectations in regard to the impression this new book will make in the scientific world. The fact is, however, Dr. Liebig took them all by surprise, and they are endeavoring to check his onward career to fame.

Transylvania Medical School.—In the Boston Courier there was an article last week, taken from the Louisville Journal, stating that Drs. Cross, Mitchell and Richardson, are said to be making war upon Drs. Dudley, Bush, &c. All this may be true, for aught we know to the contrary, yet it really appears very strange that such agreeable men, after having been associated many years, could suddenly fall to loggerheads. Dr. Dudley has a reputation that secures him against the assaults of a brigade of assailants; and a fortune sufficiently ample to provide for two generations of lineal descendants, should he never see another school of medicine. When the old Transylvania institution dies, many will deplore its death.

Montreal Medical Gazette.—Recently, soon after the publication of the second No., we were presented with specimens of the Montreal Medical Gazette. It is published monthly by Messrs. Lovell & Gibson, and confided to the editorial guidance of Francis Badgley, M.D., and William Sutherland, M.D., both residents of that city. Dr. Badgley, whom we have the pleasure of knowing personally, is a man of distinguished professional attainments, with zeal and enterprise to meet all contingencies, till the Gazette is fairly established on a substantial foundation. His associate has a reputation for qualities equally necessary and available in commencing a scientific periodical. There are practitioners enough in the British North American possessions to sustain the Journal triumphantly; and if they do not do it, they will certainly excite the surprise of their neighbors in the States. The medical staff of the different regi-

ments quartered at Halifax, Quebec, Kingston, Toronto, &c., are abundantly able to render important assistance, as well as patronage. There is one feature in the new Journal that strikes us favorably. It is that the French practitioners report in French, and the English in their vernacular, and thus both are accommodated. In Lower Canada, a large proportion of the physicians cannot speak the English language at all. A Journal, therefore, from which articles in French were excluded, would be of no kind of use to many gentlemen of very eminent medical attainments. We confess ourselves warmly interested in the future success and stability of the Medical Journal of Montreal.

Extirpation of Ovarian Tumors.—By an extract from the Medico-Chirurgical Review, copied into this Journal last week, it will be seen that the new method of removing dropsical ovaria is not approved of by all the European surgeons. The editor of the London Lancet has likewise written strongly against the general adoption of the operation. The following extract from the London Medical Times presents a more favorable view of the subject.—“Clay, Walne, and F. Bird, have excised ovarian tumors more frequently than any other English surgeons we know of, all of them with much success. Another eminent surgeon, Mr. Benj. Phillips, surgeon to the Westminster Hospital, has also performed this operation, we believe with great skill and success. In fact, it is now a received improvement, and few of our best surgeons would hesitate about its adoption in circumstances offering what we would call an appropriate *casus belli*.”

Impetigo. By W. HUGHES WILLSHIRE, M.D., M.B.S.—When occurring in infants, during the first dentition, Erichsen, Plenck, Granville, Billard, Bielt, and others, doubt the propriety of interfering, and driving in the eruption suddenly. According to Erichsen, in the acute stage in older persons, all specific remedies are perfectly useless. In the more chronic stages, Erichsen has found a lotion of the sulphuret of potash, with sulphurous waters taken internally, the best mode of treatment. Cuzenave and Schedal, although advising a lotion of sulphuret of potash, carbonate of potash or soda, and water, state that the preparations of sulphur have been too generally recommended, and that their indiscriminate employment, especially in the earlier stages, is often decidedly injurious. In some instances, Erichsen uses an ointment of the nitrate of mercury, or else of the peroxide; and if the itching is very troublesome, a lotion of the oxide of zinc, with a little prussic acid, is advisable.

Rayer approves of sulphurous lotions, and ointments of the nitrate of mercury; and Dr. Thomson has seen the best results from the use of the latter. A combination of the acetate of lead and prussic acid, or the application of blisters to the part, have also been recommended. The internal remedies of late spoken well of, are: arsenic, sulphur, nitric acid and the bichloride of mercury.—*Ibid.*

Alcoholic Odor detected in Serous Effusion in the Ventricles of the Brain. By L. BRADLEY, M.D., of Elgin, Kane Co., Ill.—On the 6th of February last, Drs. J. and E. Tift, of this village, with myself, were summoned before a coroner's inquest, holden upon the body of Samuel Page, for the purpose of examining the body, and giving testimony in the case. It ap-

peared, from the evidence before the jury, that the deceased was found about two miles from this village, in his wagon, with his feet hanging over the fore board, his body resting upon a bag of grain, and his head upon the bottom of the wagon. He was totally insensible, as if in deep and heavy sleep; his breath was stertorous and difficult. He was taken to a neighboring dwelling, where he expired in about ten minutes. He had, a short time previously, left a "grocery" in this place, where he had been drinking freely; had been on a journey for some days, on his way to Iowa, and had been in the habit of drinking two or three times a day on the road, but was not an habitual drunkard. He left the "grocery" partially intoxicated, without mittens, or any other extra over-clothes, though the weather was somewhat below freezing point. He was a hardy, rugged man, plethoric and robust, with ample chest and a thick short neck.

Inspection.—Upon opening the cranium, about six hours after death, dark-fluid blood poured rapidly from the sinuses, to the amount of eight or ten ounces. The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles, some serous effusion. The medical witnesses agreed in expressing their opinion, that the deceased died of apoplexy, caused by an intemperate use of stimulating liquor, and exposure to cold, superadded to a strong predisposition of the system to that disorder. The verdict of the jury was, "death by apoplexy caused by intemperance."

The circumstance, and, indeed, the only one, that I thought rendered this case worthy of particular note, was the fact, that the effused fluid found in the ventricles, yielded strongly the alcoholic odor; this was so apparent that it was readily recognized by every member of the jury. Thus, we have a fact, corroborating others which have been reported, proving satisfactorily that, in some way, alcohol in substance does find its way to the brain.—*Illinois Medical and Surgical Journal.*

Centre District Medical Society, N. H.—On Wednesday, May 1st, the following gentlemen were elected as officers for the ensuing year:—Ezra Carter, M.D., Concord, *President*; Jesse Merrill, M.D., Franklin, *Vice President*; E. K. Webster, M.D., Boscawen, *Secretary*; Warren E. Chase, M.D., Boscawen, Wm. D. Buck, M.D., Concord, James A. Tilton, M.D., Chichester, *Counsellors*; M. T. Willard, M.D., Concord, *Treasurer*; C. P. Gage, M.D., Concord, *Librarian*; Drs. Carter and Chase, *Library Committee*; Benjamin H. Tripp, M.D., Concord, was elected an associate.

Dissertations were read by Dr. H. Gage, of E. Weare, upon "*Alternants*," and by Dr. C. T. Berry, of Pittsfield, upon "*The Influence of Mind upon Disease*."

TO CORRESPONDENTS.—A paper from Dr. Slack has been received, and will be reserved till another, on the same subject, already acknowledged in the Journal, has been disposed of.

MARRIED.—At Morris, N. Y., Dr. Samuel Galentine to Miss Anna Mary Alden, both of Nunda Valley.

Number of deaths in Boston for the week ending June 8, 26.—Males, 12; Females, 14. Stillborn, 8. Of consumption, 2—fits, 2—dropsy, 2—wounds, 1—teething, 2—liver complaint, 1—syphilis, 1—erysipelas, 1—scarlet fever, 3—dropsy in the brain, 4—lung fever, 1—inflammation of the bowels, 1—palsy, 1—apoplexy, 1—intemperance, 1—throat distemper, 1—typhus fever, 1.

Under 5 years, 12—between 5 and 20 years, 1—between 20 and 60 years, 11—over 60 years, 2.

Sponge in the Stomach.—Dr. Chowne narrated, at a meeting of the Medical Society of London, the case of an infant, three months and a half old, who, while being fed from a bottle, the artificial nipple of which was formed by the end of a glove, in which a piece of sponge was enclosed, suddenly appeared to choke, and became very red in the face. These symptoms passed off, and the child continued to feed. The bottle was afterwards examined, and the sponge being missed, the mother at once conjectured that the child had swallowed it, and a medical man was called in, who ordered half an ounce of castor oil to be taken immediately. No pain or inconvenience resulted, and the bit of sponge ultimately passed *per anum*. Dr. Chowne mentioned the case on account of the popular belief that sponge, cork, &c., when taken into the stomach, caused fatal results, not by poisoning, as it did not appear to possess any poisonous properties, but by the mechanical irritation or obstruction it produced. Cases of death caused by swallowed pieces of cork are not at all frequent, but one has been mentioned of a good-sized dog that died from swallowing half a wine-cork. The action of sponge in the stomach is not known. It is supposed, popularly, to be injurious, from its being indigestible, and liable to swell: it is regarded, professionally, as a mechanical irritant. Dr. Chowne then referred to two cases recorded by Mr. Rickwood, in the *Veterinarian*, of sponges swallowed by horses. In the first, after the liberal use of aloes and calomel, for nine or ten days, the animal did well, without having passed the sponge *per anum*: in the other, the period when the sponge was swallowed was not known; the horse was only known to have done so, from its passing the sponge in a fetid state by the bowels. The first horse was not watched after the tenth day. These two cases, Dr. Chowne observed, were in opposition to each other as to the digestibility of sponge, a process which, he remarked, might be aided in the horse, from the fact that the bowels also participate in the performance of that function.—*London Medical Times*.

On the Frequency of Cancer.—Dr. Tanchon addressed a letter to the Parisian Academy of Sciences, containing the following remarks on this disease. From statistical tables it would appear that the number of cancers augments annually; in England, Mr. Farré indicates 2448 in 1838, and 2691 in 1839; at Berlin a similar remark; on the registers for the deaths in the department of the Seine, 1830—668 were produced by cancer, or 1.96 per cent.; and, in 1840, there were 889, or 2.40 per cent. The cause of this disease seems to be aggravated by civilization; for it is more frequent in populous cities than in the country; thus, in Paris there are 2.54 deaths per cent., and only 1.63 in the country. Of 9118 deaths caused by cancer, there were, in France, 6967 women, and 2161 men; and, in England, on 5139 deaths, 3859 women, and 1220 men. The age in which it appeared was from 40 to 70. In the female the breast, and in the male the stomach, is mostly the seat. As to the treatment: surgeons operate, though they admit that extirpation does not cure, and that the disease frequently reappears and ultimately carries off the patient; should they, however, not operate, from the refusal of the sufferer, or any other cause, they leave the disease to nature, saying that there is nothing to be done. From these remarks and his experience, the author concludes that extirpation ought never to be had recourse to, but when all other means have failed.—*Ibid*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JUNE 19, 1844.

No. 23.

A CASE OF HEPATIC ABSCESS, WHICH DISCHARGED PUS AT
THREE POINTS.

By Andrew R. Kilpatrick, M.D., of Woodville, Miss.

In looking over the medical literature of the day, one is struck by the number of cases of strange or wonderful disease—of recovery from wounds apparently immedicable, or diseases of the most hopeless character—and a doubt may sometimes arise whether such things can be so. But the physician of extensive experience or reading has been taught that, in our profession, "Truth is strange—stranger than fiction."

The following case, if I am not mistaken, will be considered remarkable. If there is another on record precisely like it, I have not been able to find the history of it, and I have looked diligently through all the medical books within my reach. It occurred in the Grand Prairie, St. Landry Parish, Louisiana, in the practice of Dr. James M. Murph, of Washington, near Opelousas.

Stephen Bundick, aged 33 years, large and well formed, a blacksmith by trade, health generally good, but occasionally interrupted by attacks of intermittent fever, and pain in the right hypochondrium, which latter symptom was increased by hard labor. On the 23d of February, 1843, he was attacked by severe pain in the region of the liver, which yielded to venesection and cathartic medicine. The pain returned next day with its former violence; the same remedial agents were again employed, but the bleeding was not carried to a sufficient extent, as the pain was only slightly moderated, and continued, in spite of free catharsis, up to the morning of the 3d of March, when the pain suddenly diminished, leaving a dull, heavy pain, as he styled it. This was regarded as a favorable crisis, and he and his family looked with hope to a speedy restoration of health. The scene, however, soon changed; his extremities became cold, and a clammy perspiration bedewed his body. By employing stimulants and rubefacients a slight degree of warmth was restored, but he still continued to sink, becoming partially comatose, with difficult, laborious respiration; and in the afternoon what was regarded as the ominous death-rattle added to the other symptoms its unwelcome sound. It was at this late stage of the case that Dr. Murph was called in. The hands and feet of the patient were very cold; eyes, though dull, still indicated consciousness and apprehension, as he gazed in his physician's counte-

nance. Pulse small, soft, and threadlike, so much so as to be scarcely perceptible; tongue moist, clean at the tip and edges, brown and fissured in the centre and at the base; dull pain in the right side; slight tenderness in the epigastrium; spleen and liver both considerably enlarged; intestines had been emptied by free purgation. Stimulants were now given freely, and frictions and mustard sinapisms applied to the extremities, followed by vesicatories. Scarified cups to right side of thorax, after which, ung. tart. ant. was rubbed on the scarified places, and a large vesicatory was applied to right hypochondrium. He was revived by the stimulants, and by turning him on the right side the mucus was dislodged from the trachea, and his respiration became more easy. Left powders of submur. hydrarg., sulph. quinine and gum camphor, to be administered every three hours, and assisted, if necessary, by enema.

March 4th. Pulse fuller; skin more natural in warmth and color; blisters drew well; expectoration more easy and free; medicine acted rather too much. Continued same powders, with the addition of morphia.

5th, 6th and 7th.—Visited him regularly, and his amendment was progressive and marked. Pustules from ung. tart. ant.; blistered surfaces secreting and bowels soluble; appetite returning. There is still a disinclination to lying on the left side, and occasionally an obtuse pain in right side. Giving general directions, visits were discontinued. Saw him again on the 27th March, at which time he was expectorating pus freely; stated that he had discharged an immense quantity of purulent matter by vomiting. Troubled with copious night sweats, preceded by slight febrile exacerbation. In three weeks more he was again *working at his trade*. The disease, however, was not eradicated.

On the 27th May medical assistance was again demanded, when he was found in a worse condition than before; very feeble and emaciated, with the liver so much enlarged as to fill nearly two thirds of the abdomen, obstructing, materially, the operation of the medicine. There was a painful tumor above the umbilicus, and one below, to the right side, or in the right lumbar region, both of which indicated the incipient formation of abscesses. In spite of a rigid antiphlogistic treatment, and every effort to arrest the formation of pus, it was evident on the first of June, three days after, that this had taken place. Next day, upon examining the alvine dejections, it was discovered that they consisted almost exclusively of green pus. The points of the tumors were sunk, flaccid, and without any fluctuation. In a few days the tumors, or abscesses, were again full and doughy. At the solicitation of the family, and by the advice of Dr. Tatman, and my friend, Dr. George Hill, of Opelousas, an opening was made through the abdominal parietes, and a quantity of foetid gas rushed out, allowing the abdomen to sink down into a flaccid condition. In a few days pus was discharged at the incision in considerable quantities; the orifice had no disposition to close, although the lips were brought in apposition by adhesive straps. Although he discharged pus by expectoration and per anum, yet this was the greatest outlet, and in the course of two weeks the matter ceased entirely to pass by either of the openings, notwithstanding his body was placed in several different

postures. The quantity of pus at this time was small ; the opening was healthy, and there was such a favorable general condition of the patient, that hopes were entertained of a final recovery. At this stage of the case his attendant, Dr. Murph, was taken very ill, and saw him no more.

From exposure, imprudence and neglect, as I am credibly informed by Dr. Tatinan, and also the too free use of mercury, after the illness of his physician, a deplorable condition was brought on. Severe salivation, gangrene of the external orifice, general prostration, and wreck of the whole system supervened, and he died about the last of July, 1843, in a most loathsome condition. Dr. T. was called to see him, but it was too late—he was moribund when he saw him. I am extremely sorry to say, that owing to the peculiarly unpleasant situation of the cadaver, and the great press of other cases, there was not a *post-mortem* examination. And, in fact, in this particular the physicians of the South and West are culpably negligent in prosecuting these examinations. I hope, however, that a change is taking place, both in the medical gentlemen and the community, as regards autopsies.

On reviewing this remarkable case, there are many thoughts suggested to the mind, and many points of inquiry. Is it likely that he would have recovered from the first severe attack, if medical assistance had not been employed? My own impression is that he would not. The remedies employed to revive him, and the great mental adjuvant, of faith in his physician, brought him through.

It is singular that an inflammation of the liver should have occurred at that season of the year, and more especially of last year, when the winter was so very cold and protracted. Is it likely that there was a slow, chronic lesion transpiring in that organ, the cause of the pain in the right hypochondrium, which was increased by hard labor?

I am of opinion that there were, in truth, *four* different points of exit to the pus; for on the 27th March he was found expectorating pus, and had vomited a great quantity; here, then, were two. Subsequently he discharged green pus per anum, and then the external opening was made. It may be contended that the pus which was discharged by vomiting and per anum entered the alimentary canal at the same point. If it entered the stomach or duodenum, it could scarcely have passed the entire length of the intestinal tube in such an unmixed and pure condition as it was found to be; and if it entered at any point below the duodenum, could it have been discharged by emesis? My opinion is, that it was discharged into the stomach, and also into the colon.

A case somewhat similar, except that it was more rapid in its progress, is to be found in Dr. James Johnson's treatise on the Diseases of Tropical Climates. On *post-obit* search, he says, "the liver was found one entire mass of suppuration and disease. I passed my hand from it into the stomach, to which it adhered, and through which an abscess had burst. Another adhesion had formed between the liver and the transverse arch of the colon, through which was an exit also for the matter."

A similar case, with a better result, occurred in the practice of Dr. Colledge, at Macao, China, recorded in Dr. Bell's *Eclectic Journal* of

Medicine, for January, 1839. He first discharged the pus through the colon downwards, and afterwards through the lungs. He finally recovered.

I am inclined to think that Mr. Bundick would have recovered, if proper professional aid had been rendered after his first medical attendant was taken sick. The case should teach us never to despair, but under circumstances the most unpromising to ply our measures to the last. Few cases can occur where less is promised than was afforded by this at one time, and yet the recovery was so far completed, that the patient was able to resume his laborious trade. It is greatly to be regretted that he did not receive in his relapse the same judicious treatment which attended his first illness. The omission of the autopsy is one which I also very much regret.—*Western Journal of Medicine and Surgery.*

RANULA.—ABSCESS OF THE PAROTID GLAND.

From Sir B. O. Brodie's Lectures at St. George's Hospital.

I SHALL take this opportunity of speaking to you of another disease which corresponds to the one I have just mentioned. It occurs under the tongue, and it is principally among the out-patients that you will meet with it. It is called "ranula." If you lift up the tongue you will find a tumor as large as a horse bean, and this soon becomes larger; examine it with your fingers, and you will find it contains fluid; these tumors produce very considerable inconvenience. Well, you puncture it with your lancet; out comes half an ounce of fluid, and your patient immediately tells you he is well, and can move his tongue again as freely as ever; he is well perhaps for a week, but by-and-by the tumor returns, and he comes to you again; but why does he return? because the opening has closed, and the fluid collects again of course. What is this tumor? It appears to be in the duct of the submaxillary gland. The orifice is stopped up, but the gland goes on secreting; the secretion is lodged in the duct, which gradually dilates so as to form a bag, just as when an impediment occurs to the flow of urine down the ureter, it will dilate to the size of the small intestine. I have seen the urethra dilate in the same way, making a large membranous pouch in the perineum. You cannot apply the same remedy here as in the labial glands, because extirpating this tumor would be worse than doing nothing at all. From the number of small glands in the lip you can extirpate one with impunity, but not so with the submaxillary gland. What you have to do here is to make a permanent opening in the duct; this I have done by making a small incision, then introducing the forceps and cutting out a circular piece. At other times I have run a seton through and left it there. I have also had a metallic or wire ring made, and kept it open in this way; at other times I have destroyed a portion with the caustic potash. But there is not one of these methods which has not disappointed me; I have even removed half the bag; it has taken a long time to close, and I thought I had effected a cure; but in three or four months it has closed and the tumor

has returned. I have run a seton through, composed of several silk threads; then I have fastened them to the cheek with sticking plaster, and the saliva has run out by them; I have made the patient wear this several days, but on its removal the part closes. The best way seems to be letting the seton ulcerate out, and then there is a chance of its remaining fistulous. There is this advantage in employing a metallic wire for your seton, viz., that it does not irritate so much as silk, and it is said there is more chance of the opening remaining pervious. After all, I think the best way is to allow a seton to remain in a few days, then remove it, and teach the patient to introduce a probe daily; this he will soon learn to do if he is an intelligent person; this will act precisely as in stricture of the urethra, where the patient is taught to pass a bougie. It is a remarkable circumstance, that I never saw the duct of the parotid gland so affected, and I suppose this to arise from its great width. I have seen fistulous openings and the saliva escaping externally; but this is widely different from the affection of the submaxillary gland, of which we have been speaking.

Now that we are upon this subject, I shall make some remarks on *abscesses of the parotid gland*. These sometimes, after a very short time, heal readily; but at other times they will not, in consequence of the continued escape of the saliva externally. At a meal this occurs in great quantity, and, of course, produces very great inconvenience. Some have said that half a teacupful may flow out on these occasions, but this is evidently an exaggeration. The cure of this affection is performed without trouble. The abscess will go on healing till it leaves a very small opening; this you are to touch every day with nitrate of silver, and as it contracts, the saliva will find its way by another passage; but every now and then this is insufficient. In these cases introduce a probe by the external opening to the gland; then pass it carefully on till you feel it inside the cheek, where you will have nothing but mucous membrane between it and your finger; having done this, you are to puncture the mucous membrane and pass the end of the probe into the mouth (an eyed probe should be employed); you will then have one end inside and the other outside the cheek. Then arm the eye of the probe with silk and draw it through, remove the probe and allow the silk to remain in. Then, at the external end of the silk, make a large knot and bring it to the mouth of the wound; this will prevent the saliva flowing externally, whilst the thread directs it into the mouth. Keep this in, till the inner opening is well established, which generally requires about a fortnight or three weeks; then remove it and touch the external opening daily till it closes. I don't know whether the internal opening always remains pervious; but certainly the saliva finds its way through some internal canal.—*London Medical Times*.

LEPER HOSPITAL OF MEXICO.

From Kendall's Narrative of the Texan Santa Fe Expedition.

THE room in which the men afflicted with the leprosy are confined is nearly three hundred feet in length, by about thirty-five in width. The windows are large and numerous, admitting a sufficiency of air during the heat of the day, and are all grated. At first I could see no reason why the windows of a hospital were grated; but afterwards learned that when a person is known to be a *lazarino*, or leper, he is at once taken to San Lazaro, and there confined as a kind of prisoner until liberated by death—for I believe that none ever recover from the horrible disease. At the time when we were confined in the Hospital the male department contained some fifty or sixty inmates, while in the female part of the establishment, which was in another building, there was a still greater number.

I feel not a little reluctant to attempt a picture of the unfortunate wretches who inhabit San Lazaro. The disease with which they are afflicted is unknown in Anglo-Saxon countries, or if there are any cases they are very rare. Other than those afflicted with the leprosy there were no occupants of the Hospital until our arrival, and the reason assigned by the Mexican government for confining us there was said to be that we had a contagious disease among us. The appearance of the unfortunate lepers is loathsome and hideous to a degree that beggars description. It makes its first appearance by scaly eruptions on different parts of the face and body of the victim, and these eruptions are never perfectly healed. The limbs of many, and more especially the hands, at first appear to be drawn and twisted out of all shape. Gradually the nose and parts of the feet are carried away, while the features become distorted and hideous. The voice assumes, at times, a husky and unnatural tone, and again the doomed patient is unable to articulate except in a shrill, piping treble. With many, when near the last stages, all powers of speech are lost, and vainly do they endeavor to make known their wants by sounds, which belong not to this earth of ours. Death steps in at last to relieve the poor creatures of their sufferings, and to them at least it would seem that the visit of the grim tyrant must be welcome.

Whether the leprosy of Mexico is contagious, I am unable to say. With many I have little doubt that it is to a degree constitutional—being, in fact, hereditary, and perhaps never entirely eradicated from the blood. The climate may have some effect in engendering and keeping alive the disease, but of this, too, I am uncertain. The common belief among the lower classes is, that it is communicated by contact; and indeed I am inclined to think that the only risk a person runs of taking it is from touching the person of one afflicted with it in its worst stages. The families and friends of the *lazarinos* would frequently visit them, bringing many little luxuries to add to their comfort. They would sit and converse with them, too, for hours, apparently regardless of danger; but for myself, I took particular care not to come in too close contact with the unfortunate lepers.

Notwithstanding their lot would seem to be most melancholy, as a body they appeared well to enjoy themselves. Afterward, and while confined among them for some two months, I had every opportunity to observe them closely ; and one who has had no such opportunity can hardly imagine how much happiness and hilarity prevail among beings doomed to a lingering but certain death. Many of them were continually playing at draughts or cards, taking the most intense interest in the games. On many occasions I saw parties of four engaged at cards, who had not a single nose or entire finger among them ; and any little success of one of them would be hailed with every demonstration of delight. Their dexterity, too, in shuffling and dealing cards, when bereft of fingers, was astonishing. Many of them were musicians, performing on both the harp and mandolin, and after nightfall they usually had a dance among themselves. Frequently they were visited by some of the female inmates of the Hospital, who would join their merry-makings. To describe one of their dances were impossible. A set of them would take the floor, composed of one or more couples. Some of the dancers were upon crutches, and almost all were in some way lame or disabled. The music would strike up, and then would follow some monotonous Mexican dance, accompanied by singing from voices which were excruciatingly harsh and discordant. The weird sisters around the magic caldron never made a more grotesque or frightful appearance than did these lepers, and had Macbeth encountered the latter upon the heath he would have run outright, without even exchanging a word of parley. The wretched inmates of the Hospital enjoyed themselves, however, at these dances, and but that their loud laughter was grating and discordant, it would have sounded joyous enough. The true feelings of merriment were there, but no midnight revel of witches or hobgoblins, or of the misshapen dwarfs romancers have created, could compare with the horrible manifestations of mirth that fell upon our ears, or could in any way shadow forth the strange orgies we frequently beheld within the gloomy walls of San Lazaro.

If all the Mexican inmates of San Lazaro were afflicted with leprosy, and we are told that such was the case, there must be three or four different species of the disease. The faces of some of the lazarinos were covered with blotches and eruptions, while their hands and feet were unmarked. Others, again, had complexions exceedingly fair and unblemished, yet their feet and hands were distorted or decayed. Some of the victims of the dreadful scourge were covered, from head to foot, with sores and ulcers hideous to look at—and then there were two or three cases where the patients presented no other marks of disease than the loss of a nose. But the most singular case of all was that of the old Spaniard—I think he was a Spaniard—whom I have previously mentioned as continually smoking his cigarritos. His flesh appeared to be entirely gone—dried up—his skin turned to a bluish purple—and his whole appearance was so strangely changed and distorted, that he more resembled an animated mummy than aught else I can compare him to. His senses he still retained, while his actions and conversation convinced us that he was a well-informed and gentlemanly man.

OFFICINAL AND OTHER SYNONIMS OF TOBACCO.

By S. J. W. Tabor, M.D., Shelburne Falls, Ms.

[Communicated for the Boston Medical and Surgical Journal.]

It was in the year 1492, during the first voyage of the celebrated Genoese adventurer, that dazzled with visions of gold and silver, and in the expectation of loading his three caravels with rare exotics, spices and diamonds, he landed on the Island of Cuba. There, on the first of November, he despatched into the interior two ambassadors, the one a Spaniard, Rodrigo de Jerez, and the other an Israelite, Luis de Torres,* familiar with Chaldaic and Arabic, which languages, however, he found of no service in addressing the aborigines of Cuba. These men returned to Columbus, from what he considered an unavailing tour, on the sixth of November.† It was on their way back that they witnessed the natives performing a ceremony to them unaccountable, and, as their apprehensions probably whispered, magical. They saw them roll dried herbs together, light the same at one end with fire-brands, which they held for the purpose in their hands, and putting the other end in their mouths, draw in the smoke and puff it out again like so many demons. Don Fernando Colon records this circumstance in the life he wrote of Christopher Columbus, his father.‡ Don Fernando was evidently not correctly conversant with the custom of which he speaks, as is plain from a literal translation of some of his words concerning it, where he tells us many of the people of Cuba "always bore a lighted fire-brand, to light, fire, and perfume themselves with certain herbs, which they carried along with them." Tobacco, it is true, is not mentioned by name, but there can be no doubt it was none other than itself that was commemorated. The surprise of the ambassadors, as we may well suppose, was extreme, and not unmixed with fear, for never before, in all their travels, had they beheld a practice so strange, so loathsome, and, as they considered it, so dangerous. Yet this very habit were the Spaniards destined to be the first Europeans to adopt, for there did European eyes first witness the clouds of smoke that arise from the fumigation of tobacco. This was the weed, the use of which struck de Torres and de Jerez with so much astonishment, and which, in the language of Washington Irving,§ "the ingenious caprice of man has since converted into a universal luxury, in defiance of the opposition of the senses."

Tobacco is a native of America, and was thus discovered. Its use was universal among the aborigines, from the Canadas to Brazil, and it had different designations in different localities and countries. In Virginia, which was afterwards so celebrated for its production, the Indians styled it *uppowoc*, as we are informed by Thomas Harriot. This gentleman, who was an ingenious scholar and an excellent mathematician, having in-

* Navarette's *Primer Viage de Colon*, tom. i., p. 51. Madrid, 1826.

† Las Casas's *Histor. Ind.*, lib. i. cap. xlvii., p. 327. Madrid, 1753.

‡ *Histor. del Almirante*, cap. xxvii., in Barcia's *Historia de las Indias Occidentales*, tom. i., p. 24. Madrid, 1749, fol.

§ A History of the Life and Voyages of Christopher Columbus, Vol. I., b. iv., c. iv., p. 179. New York, 1828.

vented a system of notation in modern algebra,* sailed with Sir Richard Greenville in the vessels sent on Sir Walter Raleigh's third expedition to Virginia, and wrote an account of the voyage, which was published soon after. He says,† when speaking of the plants in the country he visited: "There is an herbe which is sowed apart by itselfe, and is called by the inhabitants vppowoc: in the West Indies it has diuers names according to the seuerall places and countreys where it groweth and is vsed; the Spanyards generally call it Tabacco." The original inhabitants of the south-eastern West India isles called it *yoli*, and those of the neighboring continent termed it *pæturn*,‡ the latter title being the one by which it first became known among Europeans. Afterwards the English discarded this name for that of *tobacco*, imitating, or rather adopting, the designation of the Spaniards. Concerning this name much and very general error exists in the republic of letters, and by being copied from one writer by another without inquiry, it has been continued and diffused. Rapin says tobacco received its name "from Tobago, one of the Carribbee islands, where it plentifully grows."§ Richardson tells us it was so called "from an island in the West Indies, where it was found in abundance by the Spaniards."|| Webster says the word came "from *Tabaco*, a province of Yucatan in Spanish America, where it was first found by the Spaniards."¶ A French work, which aims at great exactness, speaks in the same manner.** The author of *The Smoker's, Chewer's, and Snuff-Taker's Companion*,†† repeats the assertion, and even Loudon, in his excellent *Encyclopædia of Agriculture*,‡‡ like the author just mentioned, speaks of the popular name of tobacco being derived "from the island of TOBACCO in the Gulph of Mexico!" This opinion, though so often expressed, is entirely incorrect, and is one of those errors arising from similarity of sound, into which etymologists and antiquarians so frequently fall, and which has in some instances been so ridiculously exemplified in the writings of persons seeking to find Hebrew and Phœnician roots in the dialects and languages of our aborigines.

The first discovery of the use of tobacco, as we have said, really took place as early as the very first voyage of Columbus, and on the island of Cuba, Tabasco, whether the province adjoining Yucatan, or the island at the mouth of the river Grijalon, not then being known. The word tobacco owes its origin to the island of St. Domingo, where the plant is indigenous, and was known from time immemorial to the natives. These islanders, according to Father Charlevoix,§§ called it *cohiba*, and the pipe with which they smoked it *tabaco*. Humboldt likewise confirms the

* Stith's History of Virginia, p. 20. Playfair's Dissertation, p. 1, s. 1.

† Navigations, Voyages and Discoveries of the English Nation, collected by Hakluyt, Vol. III., p. 330. London, 1810, 4to.

‡ Nic. Gavellus's *Storia Distinta, e Curiosa del Tabacco*, &c., p. 203. Pesaro, 1758, 8vo.

§ The History of England, as well Ecclesiastical as Civil, &c., Vol. II., p. 122, n. 5.

|| A New Dictionary of the English Language, Vol. II., p. 1942. London, 1839, 4to.

¶ An American Dictionary of the English Language, &c., Vol. II.

** "Cette plante (Tabac), acre et caustique, trouvée en 1520: près de Tobasco dans le Golfe du Mexique." *Precis sur l'Amerique*, p. 116.

†† Philadelphia, 1841, p. 14.

‡‡ London, 1831, p. 936.

§§ *Histoire de l'île Espagnole ou de S. Domingue*, tom. 1., p. 54. Amsterdam, 1738.

assertion.* By the Mexicans it was called *yeltl*, and Garcillasso de la Vega, in his *Royal Commentaries of Peru*, says it was known among the natives of that country by the name of *sayri*.† The Spaniards were then possessors of all these countries, holding them by virtue of discovery, and by a bull of Pope Alexander VI., wherein the assignment was made "with the plenitude of apostolic power, by the authority of God Omnipotent granted to him through blessed Peter, and of the vicarship of Jesus Christ which he exercises upon earth."§ They adopted the Haytian word *tabaco* to designate the new weed, applying it to the vegetable instead of the pipe. Although the herb had before been called *pæton*, yet it singularly happened that the continental term was soon entirely superseded by the erroneous designation, the word in use at this time being much the same in all the languages of Europe. The Danes call it *tobak*; the Dutch, *tabak*; the French, *tabac*; the Germans, *taback*; the Italians, *tabacco*; the Polanders, *tobaka*; the Russians, *tabak*; the Portuguese, *tabacco*; the Spaniards, *tabaco*; and the English, *tobacco*.|| The Tartars and Japanese likewise give it a similar name, but those people who use the Arabic language term it "*dokhan*, id est fumus," according to that most magnificent work on Egypt, "publié par les Ordres de sa Majesté l'Empereur Napoléon le Grand," as the title page informs us.¶

In old works it is not uncommon to meet the term *pæton*, and some writers, ignorant of its derivation, gravely trace it to the Greek word *πᾶν*,** thus seriously committing a folly, which old Joshua Sylvester, in his curious poem, does in jest, in regard to the word *tobacco*:

"Which of their weapons has the conquest got
Over their wits—the pipe or else the pot?
For even the derivation of the name
Seems to allude and to include the same:
Tobacco, τὸ βακχῶ one would say;
To cup-god Bacchus dedicated aye."††

Some of the other early names by which tobacco was distinguished, besides *pæton*, *yoli*, *yeltl*, *sayri* and *uppouoc*, were‡‡ *piciclt*, *cozobba*, *gioia*, *dunkol*, *herba sanctæ crucis*, *herba reginæ*, *herbe a la reine*, *herbe a l'ambassadeur*, *herbe au grand prieur*, *herba medicea*, *la buglose*,§§ and some others. Linnæus afterwards bestowed the title of *nicotiana*||| on the genus to which tobacco belongs, and as not only this designation,

* Essai Politique sur le Royaume de la Nouvelle-Espagne, tom. ii., p. 444. Paris, 1811, 4to.

† F. Hernandez's Nova Plantarum, Animalium et Mineralium Mexicanorum, Historia, &c. lib. v. cap. 51, p. 173. Rome, 1651, fol.

‡ Commentarios Reales que tratan de el Origen de los Incas, &c., p. 64. Madrid, 1723, fol.

§ Memoir of Columbus, &c. By D. G. B. Spotorno, p. 173, Doc. xxxvii.

|| J. R. McCulloch's Dictionary of Commerce, p. 1161. London, 1835.

¶ Description de l'Egypte, &c., tom. ii. p. 55. Paris, 1812, fol.

** Charlevoix's Histoire de l'Isle Espagnole, tom. i., p. 54.

†† Tobacco Battered and the Pipes Shattered (about their ears who idolize so base and barbarous a weed; or at leastwise overlove so loushesome a vauitie), by a volley of holy shot thundered from Mount Helicon, p. 56. London, 1614, 12mo.

‡‡ Asiatic Journal, August, 1826, Vol. XXII., p. 137. London.

§§ Dictionnaire Botanique. Par le Citoyen Lamarck. L'An iv. de la Republique, tom. iv., p. 477, 4to.

||| Genera Plantarum eorumque Characteres Naturales, n. 248. Lugd. Bat., 1737, 8vo.

but also several of the foregoing, are connected with curious incidents, I will consider them in a future No. of the Medical and Surgical Journal. I am aware that neither the present or the promised article will enable their readers to percuss like Piorry, or distinguish rhonchi like Louis; but to those who wish a moment's relaxation from treatises on diagnosis and prognosis, I hope they may not prove unacceptable.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. VII.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 380.]

MEDICATION.—From the preceding nosological and pathological observations, it may have been apparent that, at least, epidemic erysipelatous fever naturally belongs to the class of "*self-limited diseases*"; that it possesses the essential character of an exanthem; that when the complaint has become established, all attempts to shorten or abridge its duration are of little or no consequence. In this particular, it is allied to its associates rubeola, rosalia, pestis, variola and typhus fever. However humiliating this conclusion may be, its truth, it must be admitted, is in accordance with the experience of the most observant practitioners. Its truth has been sanctioned and sustained by our distinguished and learned American writer, Dr. J. Bigelow, in his valuable discourse on "*self-limited diseases*." His views upon this subject have since been given in Vols. XII. and XIII. of the Boston Medical and Surgical Journal; and more recently, in his notes to Marshall Hall's Practice of Medicine.

At first, the admission of this principle may appear somewhat appalling, but it does not in the least diminish the value of well-directed efforts to mitigate and control the morbid phenomena. On the contrary, it enhances their appreciable utility by restraining undue expectations and by the prevention of the adoption of unjustifiable measures; and in rendering anticipations more likely to be realized. As the well-directed efforts of the firemen have often saved a whole city from conflagration by the extinguishment of the devouring element as it bursts out at different points, so in the disease which is the subject of these remarks, the judicious adaptation of therapeutic measures has often prevented much pain and distress, and saved even life itself. The skill of the mariner, also, may cause his vessel to outride the storm, though his agency cannot shorten its duration or mitigate its violence. Nor, in fact, is the importance and honor of the medical profession in any measure diminished by the admission of this position. The profession will always be elevated, exactly in proportion as it understands its own powers, and professes simply what it can accomplish. It is no derogation from its importance that its professors cannot control the events of life, health, sickness and death.

In the whole catalogue of human ailments, not one probably demands more sagacity and tact of the physician, or requires a more multifarious medication, than erysipelatous fever. The pathological condition of the

system at the time is the principal, and almost the only guide to the practitioner. Routine practice, either of the empiric or regular physicians, may cure some, but inevitably must hasten the fatal event of others. Each case ought to be subjected to rigid clinical examination, and each of its morbid phenomena separately noticed, and the whole considered detached from all other cases, except so far as related to the general character of the prevailing disease; and more especially, if the case be of much severity. The examination must often be repeated, otherwise the remedial measures cannot be adapted to the existing character of the complaint. In the course of one, two, or three hours, I have seen a whole train of morbid phenomena entirely changed. Occasionally, an affected vital organ has been relieved by a metastasis of the local erysipelatous affection to the surface, and, on the contrary, an external erysipelatous inflammation, by repercussion, has suddenly seized a vital organ, as the brain, the lungs, or some of the abdominal viscera, thereby portending the most unfavorable termination. Practical experience demonstrates, as well as common sense shows, that the system in each of these abnormal states cannot tolerate with safety, much less require, the same routine of medication. The pathological practitioner will often find, however apparently paradoxical it may at the moment appear, that the same morbid depressed or excited state of the system may arise from causes which are directly opposite in their natures, and which for their successful removal require agencies which are equally antagonizing and diverse. Some instances in illustration of this principle will subsequently be adduced.

To dis sever or control the catenation of diseased action, every state of the human system has its appropriate therapeutic demand, and to each state the suitable remedial agent must be properly adapted. Boerhaave has long since averred, that *in medicine there is no remedy except that which becomes such by adaptation*. The correctness of this precept in the affection under consideration, cannot be infringed or suffer any violation with impunity. I have seen some, and been informed of other instances, in which the untimely application, even of an epispastic, during the inflammatory period, if it did not produce, obviously hastened, the fatal termination. The human machine, it has been quaintly remarked by Mr. Hunter, is neither a mill-hopper nor a retort, through which, especially in an abnormal condition, all kinds of ingredients can pass without harm. And yet, so great is the tenacity with which life clings to this clayey tenement, that it sometimes sustains its hold against the encroachments of disease and the improper measures which are used for its removal. Reputed great cures are sometimes greater escapes from the remedies than from the disease.

Can the disease be arrested at the accession? That the disease at its onset is susceptible of being arrested, is in accordance not only with my own experience, but with that of many of my medical friends. This must be taken in a limited sense. Every case cannot be arrested by any management whatever; others can be prevented from the subsequent course of disease.

It is an admitted position, that a person may be exposed to the infection of a contagious disease, and afterwards, if he be not exposed to some of the exciting causes, as fatigue, &c., its influence will not be experienced. I have several times witnessed the truth of this principle. Persons after exposure to the measles, for instance, have passed several weeks, when from over-exertion or other causes they have become indisposed and finally had their exanthem. In respect to the disorder under consideration, a check and subsequent exemption may be extended to the first stage of the invasion. To accomplish this desirable object, after the seizure the sooner the remedial measures are adopted, the greater the promise of a successful issue. Time is now everything. The measure which at this period may sever the chain of febrile commotion, will soon, by delay, become inefficient, or useful only to control the morbid actions as they will be developed. The measures demanded to arrest the complaint will vary with the existing morbid condition of the system. These must all conspire to remove the *chills, rigors, febrile heat, or local engorgement* and pains present. As a general principle, there has no one means been attended with more uniform success than a free and universal sweat. To insure its most beneficial and salutary results, it must be uniformly extended over the whole body, and be induced by mild agencies of neither too heating nor stimulating character. There must neither exist local engorgement, nor remain a too high grade of pyretic action. The patient should be placed in a favorable and easy condition, the temperature of the room being kept at about 70 deg. Fahr., the system prepared, and the means used ought then to be of a soothing and quieting kind.

Diaphoretics.—Before commencing the sudorific process, if the patient have a cauma or local congestion of an internal organ, either of these must be removed; otherwise the danger will be unavoidably augmented by the very means which would have accomplished its removal. The human machine, although it be subject to the laws of vitality, and under the influence, to a certain extent, of chemical affinity, like every kind of mechanical machinery, if an obstacle thwart any of its regular operations, it will not tolerate an augmentation of power without the risk of a break or lesion of some or many of its parts. The prudent mill-wright, in lieu of letting the water fall in full torrent on his wheel, when perchance a log may have prevented its regular revolutions, would first remove the obstacle, lest he might by the increase of power spoil his machinery. The judicious and discreet physician cannot be less careful of the human machine than the practical miller is of the subject of his operations.

Having arrived at the instant of the attack, during the cold stage, and having ascertained that no internal organ is in a state of capillary congestion, I have usually attempted to promote a steady and uniform diaphoresis. The effect of this process tends directly to equalize and diffuse the action of the sanguiferous and capillary systems, which not only at this period of the disease, but during its whole duration, are objects never to be neglected. Like its kindred associates, *pestis* and *rosalia*, its natural tendency is to *some local congestion*; differing, it may be, *more in the*

place, than in the essential generic character. The specific difference is obvious. The local manifestations in *pestis* are buboes in different glands, ordinarily of the inguinal; and in *rosalia*, tumefaction or local inflammation, with congestion about the fauces; but in *erysipelatous fever* the specific manifestation may invade any and every part of the system. To prevent, if possible, if not to control the violence of this local affection, is of the utmost importance.

[To be continued.]

RESEARCHES ON INANITION.—ARTIFICIAL HEAT IN FEVERS.

[THE last number of the British and Foreign Medical Review contains a notice of a new work by Dr. Chossat, of Paris, which comprises the results of many hundred experiments on animals subjected to the partial and total deprivation of food and drink. We have room only for a brief analysis of Dr. C.'s views of the immediate cause of death in the animals experimented upon.]

Desirous of testing the correctness of his idea that the cooling of the body is the immediate cause of death, M. Chossat tried the ingenious experiment of placing animals, whose death seemed impending, under the influence of artificial heat; and the result of this trial was very remarkable. In every instance he delayed subjecting the animals to this influence, until his experience of their state led him to believe that their death must be very near; and in several cases the animals died whilst he was performing the process of weighing, &c., preparatory to placing them in the *rechauffoir*. The result was in general to restore those yet alive, from a state of insensibility and want of muscular power, to a condition of comparative activity; their temperature rose, their muscular power returned, they flew about the room, and took food when it was presented to them; and, if the artificial assistance was sufficiently prolonged, and they were not again subjected to the starving process, most of them recovered. If they were left to themselves too early, however, the digestive process was not performed, and they ultimately died. Up to the time when they began to take food, their weight continued to diminish; the secretions being renewed, under the influence of artificial heat, sometimes to a considerable amount. It is not until digestion has actually taken place (which is commonly many hours subsequently to the ingestion of the food), that the animal regains the power of generating heat; up to that period, the heat which its body has acquired from external sources, is lost as soon as ever the supply fails; and thus M. Chossat lost many animals by the accidental cooling of his stove during his absence. It is to be remembered that, in these instances, the resources of the body are on the point of being completely exhausted, when the attempt at re-animation is made; consequently it has nothing whatever to fall back upon; and the leaving it to itself *at any time* until fresh resources have been provided by it, is consequently as certain a cause of death, as it would have been in the first instance.

In the application of heat to bodies of larger size than the small animals experimented on by M. Chossat, it is to be remembered that a longer time will be necessary for them to become equally affected by it ; and means should be taken to apply it more effectually. The warm bath, and, still better, the contact of warm solid bodies with a large part of the surface, should be employed in preference to simple heated air. The same rule applies to the case of children born so prematurely as to require artificial modes of sustaining their heat. In one of the most remarkable of these upon record, it was soon found that no means of applying the warmth were so effectual as contact with the warm body of another person ; and by relays provided for the purpose, this was maintained almost uninterruptedly during the first three weeks of the infant's extra-uterine life. It was observed that, when this was intermitted for the purpose of changing the dress, the child's powers immediately began to flag ; although the operation was conducted before a fire, and consequently in an atmosphere at least as hot as its own body.

The memoir concludes with some remarks by M. Chossat on the frequency of *inanitation* as the real cause of death, in various exhausting diseases. Upon this point we feel much inclined to agree with him ; especially since his inquiries upon insufficient alimentation have shown, that this produces effects precisely the same in character with those resulting from complete deprivation of food, though somewhat more tardy in their appearance. It is especially, perhaps, in those forms of febrile disease, in which no decided lesion can be discovered after death, that this view has the strongest claim to reception ; and it is here, too, that its practical applications may become most important. For if, as we have good reason to believe, the morbid cause is temporary in its influence, it follows that if we can sustain the system, until it has passed away, the patient who would otherwise have sunk under it may recover. By way of analogy, we may refer to those cases of narcotic poisoning, in which recovery has been due to the artificial maintenance of the respiratory process, during the period when it would have been checked by the narcotism. Now we cannot support the system in fever by *aliment*, for this would not be digested, even if it were taken into the stomach. But we well know the beneficial effects of alcohol in its advanced stages ; and the large quantity of this stimulus that may be administered in many cases of fever, is a matter of familiar experience. Now admitting that its beneficial operation is partly due to its specific effect upon the nervous system, we cannot help thinking that we are to regard it as also resulting from the new supply of combustible material, which is thus introduced in the *only* form in which it can be taken up by the vascular system.

Now if there be any truth in these views, there is an obvious deduction from them, of the highest practical importance, viz., that in the advanced stages of fever, when death seems impending, we should endeavor to ward it off by a liberal supply of artificial heat. We have already seen the extraordinary results which this produced upon M. Chossat's starved pigeons and turtle-doves ; and we see no reason why similar beneficial results should not present themselves in the case of patients *inani-*

tiated by fever, though they will be, of course, greatly modified by the morbid cause, so long as it remains in the system. We would earnestly suggest a trial of this expedient, which the simple hot-air bath, now used in many of our hospitals, will readily permit, to those of our readers who may have the opportunity of putting it in practice. We do not *promise* success; but we think that we have shown good physiological grounds, why it may be reasonably expected. We should warn them, however, that the continuance of this external aid for a few hours, or a day or two, is by no means sufficient; but that it must be afforded until the digestive powers are sufficiently re-established to afford the requisite support to the system through the legitimate channel.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 19, 1844.

Insanity an Apology for Crime.—Nothing is more common, in the courts of law, than apologies and pleadings in behalf, of criminals on account of their supposed insanity. There is no crime committed which does not elicit sympathy somewhere, because it is believed that the accused never would have been guilty of the criminal act were he in a sound state of mind. This feeling, and its bold expression by philanthropists, is honorable to humanity; indeed, it is based on the broad foundation of christian charity, that is inculcated by our holy religion. But because this disposition to apologize exists, it by no means establishes the fact that all who are arraigned for misdemeanors and infractions of the civil code, are insane. Nor, indeed, are we to believe any of them are, till a most thorough investigation has been made into all the circumstances, and the character, habits, moral tone, health and pursuits of the accused, weighed in a just balance by competent judges. The question arises, who are the competent advisers? Whose testimony should be relied on by judges and juries?

About twenty-five years ago, Trask, a notoriously wicked man, whose whole life, as far as known, had been one uninterrupted tissue of vice and crime, murdered a colored fellow convict, in the Massachusetts State Prison. For this he was tried, and convicted of murder. He was placed in the Boston jail, but not then sentenced. For the sake of having the bible read to him, two debtors were admitted to the same apartment. In the midst of their sympathizing efforts, without the least provocation, and with a concealed instrument, Trask fell upon the two men in the evening, and wounded them in a shocking manner, before their cries brought relief from the guard. He would have killed them outright, beyond all doubt, had not assistance been afforded. As it was, they both died within a few days. To all intents and purposes, these innocent men were murdered, and we fully believe it was premeditated by Trask for the sole object of saving his own life. He probably reasoned thus. As matters stood, his execution was unavoidable. By killing the two room-mates, for whom the whole public would say he could not have entertained either ill will

or prejudice, he had a chance, and the only one that could be devised, of saving himself. His reasoning was logical, nor did he mistake the opinion of the horrified public. That Trask was positively insane, was fully believed by the world; and the Supreme Court decided the question in the same manner. In a word, the criminal was considered not morally responsible, being a lunatic; yet the security of society demanded that he should be securely imprisoned, and for eleven or twelve years in succession, he was the tenant of one cell, where he employed himself in various little pieces of mechanical ingenuity. That he constantly meditated an escape, is quite certain, from the circumstance that he secreted instruments and managed his irons in a manner that required frequent inspections to counteract any such movement. In process of time, the insane hospital at Worcester was completed, and Trask was removed to that institution for security, and, as contemplated by the theory of legal benevolence, for mental restoration. He soon bid farewell to Dr. Woodward—and it has never been ascertained whither he went or where he now abides.

From the very beginning of Trask's atrocities, we believed him perfectly sane. All the while he remained in the Boston jail, we felt confirmed in the belief that his patience, indomitable perseverance, and wonderful secretiveness and imitation, would ultimately enable him to triumph and regain his liberty—and he accomplished it.

One of the last cases of a marked character in Massachusetts, was that of Rogers, arraigned for the murder of Mr. Lincoln, warden of the State Prison. He was also removed to the Worcester Hospital, where he came to a violent death by leaping from a window, only a few weeks since. From a personal knowledge of his temperament, secretiveness, and almost undying determination to carry any point which he decided upon, very many entertain no doubt of his purpose to escape; and the leap from the window, possibly, was for that very object.

We invite our correspondents to write on this great subject, *insanity an apology for crime*, for the purpose of collecting facts from responsible sources, and adding to the stock of medical jurisprudence in New England.

Trial for Malpractice.—The following letter came at an hour so late that we have found it really inconvenient to give it an insertion in to-day's Journal. However, a desire to give publicity to facts which may be of service, and to show the writer that we have no personal feeling in the matter, induces us to present it to the readers of the Journal, with some unimportant omissions. It is unnecessary to say that our former remarks had no reference to Dr. Barrett, and we were not then aware that he was in any way connected with the case.

"Sir,—An article appears in the Boston Medical and Surgical Journal, of May 29th, 1844, under the caption, 'Prosecution for Malpractice,' referring to the long-pending suit in the case of Nelson *vs.* Colby, &c.

"In the communication alluded to, you are pleased to make the following assertion. 'Since the last trial, Mrs. Nelson has died, and some bones, said to have been those of the patient, have been carried as far as New York, for the examination and opinions of surgeons.' Now inasmuch as Mrs. Nelson was a patient of mine up to the period of her decease, viz., from May 3d to December 31st, 1842, inclusive, I consider it my duty

to reply to the above, feeling it to be, according to its present version, an attack upon my professional reputation. Mrs. N. died on Saturday, December 31st, 1842, at 11, P. M., of 'gangrenous erysipelas.' On the following day, Sunday, January 1st, 1843, I visited the family of the deceased, and proposed on the morrow a *post-mortem* examination. Feelings of affection and sympathy, at first thoughts of my proposition, induced the family to object; but on my suggesting to Mr. Nelson, that it was due to himself and family, and due, above all, to Dr. Colby, that such an examination should take place, inasmuch as an opportunity now presented itself of coming at the facts, and in fine bringing the matter to a nutshell compass, consent was obtained; and I lost no time in waiting on Dr. C. in person, and requesting his attendance. The *sectio-cadaveris* was made at noon of January 2d, 1843, in the presence of Drs. Colby, Kendall, Richmond, Breaden and myself, together with Messrs. Newcombe, Lindsay, Holt and General Cushman of Guildhall. Dissection was made at my request, by Dr. Richmond, of the femur, and removed at the upper third. The bones were carefully examined by each individual present, and were privately noted. They were then handed over to me, and placed in my care to be cleaned. They remained in my custody until the evening of the 7th of May, 1843, when they were delivered over to Major W. R. Andros, a gentleman of unimpeachable veracity and integrity, in the presence of Col. E. G. Johnson, P. M. of Derby Line, and Messrs. French, Nelson and Winn, to be taken by him (Major A.) to New York for examination. I did not see the bones again until some time in the month of November, when they were shown to and submitted to an examination by those who were present at the *post-mortem* examination, the whole of whom, without a moment's hesitation, pronounced them to be the same bones as those taken from the body of Mrs. Nelson. I have never seen them since. In conclusion, I would say that on the day, and on the day after the *post-mortem* examination, and also at subsequent periods, *private marks* were placed on the bones by men of veracity and standing in the town of Derby, which marks were instantly recognized after the lapse of several months—and that, too, after a section had been made of the bones by a very eminent surgeon residing in New York city.

Hallowell, Me., June 5, 1844.

I am, Sir, your ob't serv't,

CLEMENT B. BARRETT.

Effects of Strychnine on the Bladder.—A correspondent at Salem, Mass., calls our attention to several cases of the use of strychnine in paralysis of the bladder, in addition to the case referred to by Dr. Woodward in a late number of this Journal. He says, "An article on the use of this powerful agent, in which its effect on the bladder is enumerated among other properties, may be found in Bell's Medical Library, Philadelphia, January, 1839, Vol. III., No. 3. Several cases have also been reported in that admirable periodical, the *Medico-Chirurgical Review*. In the *Dispensatory of the United States*, by Drs. Wood and Bache, under the article *nux vomica*, it is stated that it has frequently effected cures in palsy of the bladder, incontinence of urine from paralysis of the sphincter, and other cases of partial palsy. The credit of first using strychnine in paralysis of the bladder, followed by incontinence or retention of urine, belongs to Professor Ler Chiari, of Bologna, who com-

municated his cases and results to the medical public in *Bulletino delle Scienze Mediche di Bologna*."

American Manakins.—From the complimentary notice of the Messrs. Hyatt's manakins, at Rochester, N. Y., it is evident that they are very successful in their new kind of business. Dissections made by Dr. J. U. Winslow, of that city, have been accurately copied in plaster, and when painted skilfully, are represented to be exceedingly beautiful imitations of nature. A writer asserts, in a late Rochester paper, that a manakin recently finished at the establishment of Messrs. Hyatt, "for scientific and mechanical ingenuity, is not excelled, even by the French, while for faithful coloring and anatomical accuracy, it is decidedly superior. It represents the vascular, nervous, absorbent, muscular and osseous systems, together with the cranial, thoracic and abdominal viscera, in their absolute and relative position." This is high praise, and increases a desire to have duplicate specimens of their work placed on sale in Boston. If equal to the French, they should certainly have the preference—and if superior, they would soon monopolize the market.

Castleton Medical College.—We are requested to state that a degree was never conferred on Mr. Murphy, at the Castleton Medical College, as announced in the *Journal* some few months ago. We are happy to correct the mistake, and feel indignant that any correspondent should have imposed upon us in that manner.

TO CORRESPONDENTS.—The criticisms on Dr. Wright's case of ruptured uterus, from a correspondent in Maine, are inadmissible.—The writer of cases of wounded joints omitted, probably through inadvertence, to attach his name to them.

MARRIED.—At Salem, Joseph Poland, M.D., of South Reading, to Miss Emily C. Phelps, of Gloucester.—In Frankfort, Me., Dr. Samuel H. Tewksbury, of Frankfort, to Miss Diana E. Shaw, of Oxford.

DIED.—At Miami Township, Ohio, Dr. Stephen Wood, 83.

Number of deaths in Boston for the week ending June 15, 29.—Males, 16; Females, 13. Stillborn, 3. Of consumption, 4—dropsy, 3—dropsy in the brain, 2—scarlet fever, 5—accidental, 1—erysipelas, 1—marasmus, 1—intemperance, 1—cholera morbus, 1—tumor, 1—child-bed, 3—inflammation of the lungs, 1—disease of the heart, 1—infantile, 1—inflammation of the bowels, 1—measles, 1—scald, 1. Under 5 years, 13—between 5 and 20 years, 2—between 20 and 60 years, 12—over 60 years, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

May.	Therm.	Barometer.	Wind.	May.	Therm.	Barometer.	Wind.
1	from 50 to 78	from 29.53 to 29.47	S W	17	from 56 to 58	from 29.20 to 29.48	N E
2	58 72	29.22 29.26	S W	18	50 53	29.31 29.45	S W
3	54 73	29.19 29.29	S W	19	43 60	29.43 29. 3	W
4	54 59	29.18 29.20	N E	20	48 54	29.26 29.55	S E
5	49 66	29.22 29.29	S W	21	52 58	29.13 29.47	N W
6	51 74	29.05 29.32	S E	22	35 62	29.61 29.72	N E
7	52 59	28.94 29.20	S W	23	40 72	29.72 29.74	S W
8	46 74	29.20 29.36	S W	24	48 83	29.64 29.72	W
9	52 63	29.33 29.51	W	25	52 84	29.41 29.56	S W
10	45 70	29.71 29.78	N E	26	46 64	29.27 29.41	S E
11	48 52	29.30 29.64	S W	27	60 77	29.21 29.24	S W
12	54 64	29.00 29.16	W	28	60 76	29.18 29.21	W
13	40 66	29.41 29.58	N W	29	58 75	29.24 29.3	N W
14	48 52	29.56 29.60	W	30	46 73	29.37 29.42	S
15	47 74	29.50 29.60	W	31	56 66	29.12 29.24	S E
16	51 59	29.26 29.38	S W				

Range of Thermometer has been from 35 to 84. Barometer has ranged from 28.94 to 29.78. The amount of water fallen during the month has been 3.67 inches. Apple trees in blossom on 2d; tulips, 8th; Russian rose, 15th. White frost on the 21st.

The Neapolitan Phlebotomist.—The taste for bloodletting is universal at Naples. On every the slightest indisposition, or fear of indisposition, all men, women and children, run to the *Salassatore*, or phlebotomist, to have a little blood drawn from the back of their hand; so that there is not a lad or a young girl of 10 or 12 years of age whose hands do not bear testimony to the repeated applications of the *Salassatore's* lancet. For a faith which has not a single heretic in the community, of course there is a priesthood—a numerous priesthood. The number of educated medical men would never suffice to perform its offices. This has led to the establishment of a special corporation, whose business it is to handle the lancet, and attach the leech. The phlebotomists have therefore establishments in every street, in every open place at Naples. How often have I paused before the singular insignia by which the shops of these priests of the lancet are distinguished! Imagine to yourself the figure of a man, naked as when he dwelt in paradise, but spirting forth from every vein which steel can reach parabolic jets of blood, an ample pool of which is at the same time collected on the ground. Imagine further, by the side of this awful figure, the effigies of the artist appropriately habited, lancet in hand, and on his knee before his work, like Pygmalion before his statue, and you will have a notion of the way in which the *Salassatore* here brings the fine arts to his assistance! I was curious to penetrate into one of these sanctuaries of minor surgery, and see its priest close at hand, and seeking some pretext for my intrusion, I demanded a few leeches. I found the phlebotomist at the further extremity of his shop, gravely extended upon a settee of straw, and waiting for a customer with that Neapolitan indifference which resembles at once indolence and sleep, or is in fact a mixture of the two. The shop was poorly furnished, but the walls were occupied from the floor to the roof with a frame-work of little compartments or pigeon holes, filled with compresses and bandages rolled neatly up. I ventured a question on the subject, and learned with amazement that each compartment represented a *customer*, whose fillet and compress were there in readiness. I stepped back a pace, before the sanguinary statistics which the answer of the Neapolitan *Salassatore* presented to my mind's eye, and did justice at length to the *moderation* of our Parisian phlebotomists who draw blood on the *coup sur coup* system! —*M. Carrié, in Gaz. Méd. de Paris, No. 13, 1844.*

Dr. Dewees's Residence in Mobile.—Many of our readers have the name of Dewees so intimately associated with Philadelphia, as the theatre of those labors which finally made him the first man of America, in his line, that they may be surprised at the head line of this paragraph. In writing it I feel that I am but discharging a filial duty, for I was his pupil through the winter of 1805-6. It will be recollected, that after an apoplectic attack a few years before his death, he emigrated to this city, in the hope that its mild climate might renovate his crippled brain and nervous system. He immediately became the consulting physician of the place, and patients were brought to him from the interior, from Pensacola, and even New Orleans. Change of scene and climate, with these gratifying manifestations of confidence in his skill, renovated his hopes, but failed to restore either his former health or mental power.—*Dr. Drake's Travelling Letters, in Western Journal.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JUNE 26, 1844.

No. 21.

CEREBRAL HEMORRHAGE.

THE second volume of MM. Rilliet and Barthez's Treatise on the Diseases of Children, contains a very valuable essay on cerebral hemorrhage in children, a subject that has not received all the attention which it deserves, since many peculiarities distinguish the different forms of this disease in the child, from the same forms in the adult. Hemorrhage may occur in all situations within the cranium; as between the skull and dura mater, between the dura mater and arachnoid, into the cavity of the arachnoid, into the tissue of the pia mater; or into the substance of the brain, or the cavity of the ventricles. Of all these forms the most frequent, and from its frequency the most important, is the hemorrhage into the cavity of the arachnoid. It has nevertheless been overlooked by many writers, and but slightly noticed by others; probably in some instances owing to the fact that the effused blood undergoes changes which assimilate it in appearance to false membrane, for which it has been mistaken by some observers. MM. Rilliet and Barthez base their remarks on twenty observations, seventeen of which came under their own notice, while for the particulars of the remaining three, they are indebted to a friend. From an examination of these cases it appears, that pure, unchanged blood, is seldom found in the cavity of the arachnoid; it usually undergoes rapid alterations; the serum separating from the crassamentum, while the latter becomes by degrees converted into a thin, elastic, false membrane, which sometimes resembles the arachnoid; at other times closely resembles a fibrous membrane. The first form in which the clot is found is that of a dark-red, almost black, coagulum, of varying extent, usually thicker at the centre than the circumference, adherent to the arachnoid (almost always to its parietal layer), but easily detached from it, and leaving the serous membrane, with which it had been in contact, smooth, polished, and unaltered. Sometimes there is but one clot; at other times there are several; in either case the edges often extend into a thin, yellow, or transparent false membrane; so thin indeed that at first sight its edges cannot be distinguished, and it might be confounded with the arachnoid, and lead to the supposition that the effusion of blood had taken place between the arachnoid and the dura mater, if it were not found that the clot and false membrane are removed together. This continuity of substance between the clot and false membrane points out the

common origin of the two, and warrants the conclusion that the latter is identical with the former; its apparent difference being merely the result of the absorption of the coloring matter of the blood. This is most clearly seen to be the case whenever portions of coagulum are interspersed through different parts of the false membrane. Clots of a deep-red color, a thick very lacerable membrane of a reddish-yellow color, and infiltrated with serum, and a thin, more transparent, and less colored false membrane, then, make up one continuous layer. It often happens that in the course of time, the thin, delicate, false membrane grows opaque and resisting, and, assuming a pearly lustre, altogether loses its resemblance to the arachnoid, but presents instead considerable similarity to the dura mater. This change is probably brought about by the deposition and subsequent alteration of successive layers of blood; at least MM. Rilliet and Barthiez have found membranes of this kind presenting a distinctly-stratified structure in the adult, though they have not met with any well-marked specimen of it in the child. Clots and these false membranes for the most part coexist, and are found usually on the convex surface of the brain, sometimes on its plane surface also, but never on that alone. They are generally present on both hemispheres, and do not occur on one side more frequently than on the other. Sometimes they are perfectly dry, but in a majority of cases the cavity of the arachnoid contains some fluid, which varies much in color. This fluid is seldom present in any large quantity, and the cases in which it is abundant are those of very young children, in whom the ossification of the skull is incomplete. In one instance of this kind, the arachnoid cavity contained nearly a pint, in another, nearly a quart, of fluid, and such an occurrence constitutes one form of chronic hydrocephalus.

The symptoms of the affection are extremely obscure, except when the effusion of fluid gives rise to hydrocephalus, when diagnosis is aided by the sensible enlargement of the head. In this case, however, though important, it is often very difficult to distinguish between chronic hydrocephalus arising from other causes and that which proceeds from sanguineous effusion, since the hemorrhage may occur at different times, and the enlargement of the head may consequently take place gradually. The symptoms of ordinary chronic hydrocephalus develop themselves more slowly than those which result from meningeal apoplexy, and it will likewise help diagnosis if further observation should substantiate the authors' statement, that meningeal apoplexy never occurs in children more than two years old, while chronic hydrocephalus from other causes is by no means rare above that age.

Hemorrhage into the substance of the brain, so frequent an occurrence in the old subject, loses much of its importance in the child. It does not happen half as often as hemorrhage into the cavity of the arachnoid, and is of comparatively small moment, being generally a secondary phenomenon, supervening in the course of some disease which would in itself prove fatal to life, and taking place only a few days before death. Sometimes, too, it is completely latent, and the morbid anatomist is the first to discover the existence of a lesion, which had escaped the observa-

tion of the practitioner. It may occur as capillary apoplexy, or a circumscribed extravasation of blood may take place; but it is seldom that either form exists uncomplicated with tubercular deposit, or meningitis, or some other disease of the brain. Its symptoms when it occurs in the idiopathic form are most various and uncertain, and altogether unlike those which characterize apoplexy in the adult; while apoplectic symptoms have existed in some instances during life, where a *post-mortem* examination has failed to discover any trace of effusion of blood. In the secondary form, too, the symptoms are not more decisive.

Perhaps we cannot go further in the differential diagnosis of the various forms of cerebral hemorrhage, than the mere statement that convulsive symptoms more frequently attend hemorrhage into the membranes, and inflammatory symptoms hemorrhage into the substance of the brain. The diagnosis of cerebral hemorrhage from other affections of the brain is scarcely more easy; for the convulsive form may be confounded with idiopathic convulsions or with those dependent on the presence of cerebral tubercles; the inflammatory form with certain cases of softening of the brain and encephalitis or meningitis; when attended with paralysis that symptom may be referred to softening of the brain, and the hydrocephalus which sometimes results from it may be confounded with ordinary chronic hydrocephalus of the ventricles of the brain.

Among the causes of cerebral hemorrhage there are scarcely any more influential than obstruction to the circulation, however produced. Hence compression of the superior vena cava by enlarged bronchial glands, or of any of the large venous trunks by enlargement of some of the abdominal viscera, has a strong tendency to induce it. Sometimes it is the result of disease of the sinuses of the dura mater, at other times it follows the injudicious repulsion of eruptions on the scalp. Occasionally it occurs suddenly, and in children in perfect health; but usually it is associated with a debilitated state of the system, and is very often connected with tubercle, the deposit of which in the brain suffices in many cases for its production without the occurrence of any other cause.—*British and Foreign Medical Review*.

WOUNDED JOINTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send you the following cases of wounded joints, which you are at liberty to publish or not, as you see fit.

I.—April 27th, 1830. S. A. Esq., was thrown from his waggon, in consequence of his horse taking fright and turning short around, which threw the body of the waggon from the fore axle. A heavy seat fell upon the left ankle, striking it upon the outer side, breaking the fibula into three pieces, and forcing the lower end of the tibia entirely through the integuments, on the inner side, shattering the lower end of the malleolus considerably, and completely exposing the internal surfaces of the joint. The wound, through which the extremity of the tibia projected, was five inches

in length. In addition to this sufficiently formidable wound, the left elbow was dislocated, and the lower part of the back a good deal bruised. He was immediately lifted into a chaise, and carried to his house, about a mile distant. He was an intelligent man, about 44 years of age, rather fleshy: of a scrofulous habit, having a scrofulous abscess in the sternum, which had discharged a little for many years. He was also afflicted with a polypus in the nose. The patient insisted that I should amputate the leg; but I determined to attempt to save it. The parts were placed in apposition, some fragments of the edge of the malleolus were removed, lint and strips of plaster applied to the wound, the limb placed upon pillows, and kept wet with spirit and water. I now adapted a thick splint of bass wood to the outer side of the leg. This splint was concave on the surface next to the leg, and contained a cup-shaped cavity to receive the malleolus. Its lower end projected about an inch and a half below the bottom of the foot. This end was cut into the form of a tenon, two inches in width, and four lines in thickness. A piece of wood was then formed into a shape somewhat resembling the sole of a shoe, half an inch in thickness, containing a mortise near its outer edge to receive the tenon of the splint. A pin passed through the tenon below the sole, and kept it firmly in its place. Three straps nailed to the outer surface of the splint, served to secure it to the leg, and a roller confined the foot to the sole. This simple contrivance gave perfect support to the foot, and fixed it steadily at a proper angle with the leg. The patient was put upon a diet of gruel, and Epsom salts, which was continued for thirty days. As soon as the elbow was so far recovered that he could use the arm, I lifted the leg from the bed, and by the aid of his hands and the other leg, he moved himself from the bed into a chair, and the bed was well made up. This was repeated daily, and contributed very much to his comfort.

In about two months the wound was so far healed, that Mr. A. got upon his crutches; several small portions of bone exfoliated from the lower edge of the malleolus. In about three months gentle flexion of the joint was attempted. The patient being a man of firmness and resolution, aided by his own will the efforts of the surgeon, and by steady perseverance, regained at least two thirds the natural motion of the joints. In the following April, he was able to walk three miles at a time, with but a slight halt in his gait, and to labor in the field several hours at a time.

This case may teach us not hastily to despair of saving a limb, however severely a joint may be wounded. The intelligence and firmness of the patient, together with an abundant supply of all necessary means and appliances, doubtless contributed to the favorable result.

The following circumstance is mentioned as a matter of curiosity. At the time of the accident, the patient was much annoyed by a soft polypus in the nose, which had been removed two years before, by the forceps, but had grown again. Under the influence of the spare diet, and confinement, it shrunk away so as to give him little or no inconvenience. After he resumed his ordinary diet, and went into the open air, it grew again, and troubled him as before.

II.—On 23d June, 1843, was called to H. Allen, aged 7 years, and of delicate constitution. Twenty-four hours before, he had placed his left knee upon a chair, in which a relative had just laid a woollen garment, which she had been mending with a large needle, which she had left sticking upon the garment. As he threw his weight upon his knee, the needle entered it near the inner edge of the patella, passing a little obliquely just under its edge, and penetrated the cartilage covering the internal condyle of the femur, and broke—leaving about three fourths of an inch sticking in the cartilage. The father of the lad had examined the knee very carefully, and could not discover the fragment of the needle, which was the reason he had not called me sooner. The joint could not be moved without excruciating pain, was slightly swollen, and in the neighborhood of the puncture very tender to the touch. On a critical examination, I was confident I could feel the needle, about half an inch from the puncture in the integument. I immediately cut down upon it, and was fortunate enough to find it and seize it with the forceps. It was firmly fixed in the cartilage, having penetrated it about half an inch. There was considerable synovial fluid discharged. The wound was covered with adhesive plaster, and cloths dipped in cold water applied, and a pillow placed under the knee.

The next day I found considerable swelling and inflammation of the joint. He had been kept awake by pain, which was very severe, and there was a high degree of constitutional irritation. Fomentations were applied to the knee, and suitable means adopted to allay the constitutional irritation. The swelling, however, continued to increase, and extended up to the groin. The whole thigh became exceedingly tender and painful. On the fifth day, the cavity of the joint was greatly distended with fluid, and the mind of the patient was wandering. I now made a free opening into the joint, and discharged at least four ounces of bloody serum and synovial fluid. This gave him great and immediate relief. From this time the constitutional disturbance began to subside. The swelling gradually diminished, and under the use of leeches and poultices, the inflammation of the joint abated. In about four weeks, the joint, having been kept in a fixed position, had become incapable of voluntary motion. The leg was partially flexed upon the thigh, the muscles contracted, and the whole limb greatly wasted. Under the use of friction, and force gently applied, motion was gradually restored, and in about two months he began to move by the aid of a crutch. In about four weeks longer, he threw aside his crutch, and was able to run about, and attend school. The recovery was perfect.

This case illustrates the danger of punctured wounds to joints. It shows also the benefit of evacuating collections of fluid in the cavities of joints, under certain circumstances. When the distension, pain and constitutional irritation are great, if the fluid can be rapidly evacuated, and the orifice immediately closed up from the air, there is probably less danger than in leaving it to be absorbed. In this case I drew the integument to one side, as far as practicable, before making the opening.

After the fluid was discharged, the internal orifice was covered by the skin and a strip of plaster was applied.

Under the most favorable circumstances, the opening into the cavity of a large joint is a dangerous affair, and I do not envy the surgeon who finds himself under the necessity of doing it; but here, as in many surgical cases, a bold and decided course is often more successful than a timid and temporizing one.

Gloucester, June, 1844.

CAUSE OF COLOR IN THE HUMAN FAMILY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Agreeably to your request, I send you my observations on the cause of color, as it appears in the different varieties of the human race. In so doing, it is with some diffidence I appear before the scientific readers of your Journal, and particularly as the idea I shall advance is one that was suggested to my mind, as a deduction from certain facts that had already been discovered, and not one that I have seen brought forward by any writer with whom I am acquainted; saying that, as a general observation, most persons attribute the cause to the climate, without pointing out either the why or the wherefore—while, on the other hand, many, distinguished in the literary and scientific world, have attributed the cause to some freak of nature, a *lusus nature*, or accidental circumstance, or a direct interposition of the Deity.

In casting our eye at the lower animals, we find that they are all fitted for the climate and the circumstances under which they are placed. We have elephants covered with hair, and those that are not; we have the black and polar bear; the rabbit, changing the color of his fur in winter and summer; we have the eider covered with down, and birds whose feathers change, or do not at times afford so warm a covering. Then, again, the lower animals are fitted for the kind of life they lead; the camel and the reindeer could not change places; each is adapted to the place and latitude where it exists. And shall man be less cared for than they? shall he be the only being on the earth, in whose formation a lack of wisdom is displayed? Is he defectively made? Or is it left to chance to determine his color? Or is there a constant and direct agency at work that moulds the man, and gives him the color that is best fitted for him, under the circumstances in which he is placed? Judging from analogy, and the care taken of the lower animals, we must come to the conclusion that the latter is the case, that there was but one father of the human race, and that we can see in the varieties of climate on our globe, a sufficient cause why men should differ, and differ as widely as they do. The circumstances and the mode of life of no two nations are precisely alike, and the consequence is, a nice observer can distinguish the natives of one from those of the other, let their complexion be what it may. And should not the diversity of climate produce a like result? As a general fact, we find it does. The change of color is

gradual, from the equator to the temperate zones. The Moor is lighter than the Ethiopian, the Spaniard than the Moor, the Frenchman than the Spaniard, and the German than the Frenchman ; making, as will be perceived, with some slight exceptions, a gradual succession of changes, from the intensely black to the purest white, as you recede from the equator to the frigid zone.

The cause to which I would attribute the difference in the color of the different races of men, if I may so speak, is purely chemical ; it is by the chemical action of the sun's rays that man is made black, in order to preserve the body of an equal temperature, thereby preserving it in health and strength, and adapting it for the circumstances under which it is placed. No one, who has made any observation on the subject, but must have marked the difference between an individual brought up in the shade, and one exposed to the rays of the sun, even in our climate. The farmer, who goes out and exposes himself to the sun, does not put on the same fair exterior that he does who is confined within doors ; in fact, the part exposed will differ from that not so.

It is a well-ascertained fact, that black substances transmit heat much faster than white ones. Water placed in a black vessel, before the fire, will boil much faster than in one that is bright ; a piece of black cloth, laid upon the snow, will sink down much quicker than one that is white. Dr. Howard, of England, constructed a differential thermometer, by which he ascertained the comparative difference in the time it took to cool water placed in a tin vessel, six inches cube, when coated over by different substances. Having placed it in a line of the axis of a concave mirror, he placed one of the bulbs of his differential thermometer in its focus, and the following is a general view of the results. Lamp black, 100 deg. ; writing paper, 98 ; rosin, 96 ; crown glass, 96 ; China ink, 98 ; red lead, 80 ; clean lead, 19 ; iron polished, 15 ; zinc plate, 12 ; gold, silver, copper, 12. That is, the side of the tube that was covered with lamp black, when turned towards the thermometer, raised it 100 degrees, in the same time that it raised it 12 when the side that was covered with copper, zinc, silver and gold was turned towards it. Similar results were obtained by Leslie and Rumford, in a similar manner. Vessels, of similar shapes and capacities, but of different materials, were filled with hot liquid, and their rates of refrigeration noticed. A blackened tin globe cooled a certain number of degrees in 80 minutes, whilst a bright one took nearly double the time, or 156 minutes. A naked brass cylinder in 55 minutes cooled 10 degrees, while its fellow, cased in linen, was 36 minutes in cooling the same quantity.

Now it is well known that the heat of the body is about 98 degrees, and that it cannot be raised or lowered much without injuring its different functions. It is also known that the temperature of the atmosphere, at or near the equator, is between 80 and 90 degs. for the most part of the year, seldom rising above or falling much below ; consequently, there is but 8 or 20 degrees difference between the heat of the body and the surrounding atmosphere. It is also known by every one, that by exercise the heat of the body is raised, and consequently, if it had not an easy

passage to escape, it would have, when there was so little difference between it and the temperature of the air, a tendency to increase, in such a manner as to produce disease and death.

As this may not be perfectly clear, I will state that among a variety of experiments made by a Mr. Cheruel, on tallow or fat, he found it was composed for the most part of two principles, an oily substance that remained fluid at the ordinary temperature of the atmosphere, and another fatty substance, much less fusible; that one of these substances melts at about 42 degs., the other at 100 degs. One of these he named stearine, and the other elain, from the two Greek words "stear," fat—"elain," oil. In determining the melting point of two portions of fat, taken from different portions of the body, he found them to differ, and the variations to take place in different portions of stearine and elain. He found, also, a difference in the melting point of fat, taken from animals of the same species. When portions of fat of different sheep were melted separately at 122 degs., in some specimens, the thermometer descended to 98 degs. 5', and rose again to 102 degs.; while in others it descended to 104 degs. and rose to 106 degs. The thermometer plunged in the fat of an ox, melted at 122 degs., descended to 98 degs. 5', and rose again to 102 degs. Requiring, it will be perceived, a degree of heat equal to 122 degs. to melt the fatty portion of the system, while it would remain fluid at 102 to 106 degs.

In the combinations of these two substances, we see how beautifully they are adapted to keep the body, for its ease and comfort, lubricated and pliable; and it is probable if the one should be melted, and the other congealed, the functions of the body would with difficulty be carried on; and, as I before remarked, exercise producing heat, we see why fleshy people cannot endure so much in a warm day, as those that are spare, and also the necessity there is for the emission of heat from the body, in a climate the heat of which approaches so near to that of the melting point of a portion of our system; and, also, why in the more northern latitudes it should be the reverse.

As a further illustration of this subject, I would observe it has been calculated, by physiologists, that the lungs and skin throw off, during twenty-four hours, from twenty-five to thirty-two ounces of vapor, and that every ounce of vapor thus thrown off, contains 1000 degs. of heat; consequently there are from 25,000 to 32,000 degrees of heat, that escapes in the above time. Liebig says, in his late work, it requires 34,000 degrees of heat to be generated in the human body, to keep it at the temperature of 98 degs. for twenty-four hours—a degree of heat, if concentrated at one time, on one point, nearly five times greater than that of red-hot iron. What would be the effect of retaining such a degree of heat in the system, can be easily imagined.

Now, as the time it takes for heat to pass from one medium to another, is as the difference of the degrees of temperature between the two media, and the facility with which it passes any obstructing substance (that is, the greater difference there is, between the two media, and as the obstructing substance approaches to black, the shorter the time taken to

throw off the excess, and the reverse), consequently, when one substance possesses 100 degrees of heat, and another 50 degrees, and they are placed in contact, they will in time, if there is no heat escapes in any other way, become of an average temperature, that is, 75 degrees; but it will take double the length of time for the last $12\frac{1}{2}$ degrees to escape, that it did for the first $12\frac{1}{2}$; that is, the temperature of each will become $62\frac{1}{2}$ and $87\frac{1}{2}$, in half the time that $62\frac{1}{2}$ will become 75, and $87\frac{1}{2}$ be reduced to 75. And, again, as the heated substance is surrounded by a black or white coating, so will the facility of the transmission of the heat be accelerated or retarded; the black accelerating, the white retarding it. Consequently, it will be at once perceived, that when the temperature of the atmosphere approaches so near to that of the human body, and it is so important that all the functions of the frame, for its health, ease and convenience should be carried on under a certain temperature, how admirably adapted is the variety of color observable in the human family, under different latitudes, to effect these objects; and as the laws of nature now are, these objects could not be effected in any other manner, so far as we are yet able to learn.

A common mistake has been made on this subject by many, who, knowing that black transmits heat easier than white, have been unable to account for the black skin in warm latitudes; forgetting, all the time, that the body is warmer than the surrounding atmosphere, and within itself is constantly generating heat, and consequently requires an easy transmission from its surface to keep it in a proper temperature. We consequently never hear of a black man receiving a *coup de soleil*, as is often the case with the white; neither do we hear of the skin of the dark man being scorched and blistered by the sun's rays. But no sooner does a white man expose himself to its influence, than his skin peels, a new one is formed, and the man is tanned. It should also be remembered, we put on clothing not to keep the cold out, but to keep in the heat, or, in very hot climates, we put it on to keep out the heat, and we find the Negro, in choosing the white, has chosen the most appropriate.

But this law, that our bodies should adapt themselves to the various circumstances under which they are placed, deserves our attention. There is something called a living principle, which has as yet eluded, and probably ever will, all observation, and which has a tendency to preserve life in spite of the various causes that would destroy it. For instance, if a man uses his hand, instead of wearing out, as an inanimate machine would do, by use, the hand grows harder and firmer, and by exercise is better able to perform the work to which we would apply it, let that work be light or heavy. And what farmer is there who goes to his work in the fields in the hot months of July and August, that does not show the effects of his exposure, and come back from his employment with a darker skin than he had when he went? It would seem as if light, by changing the skin dark, or what, perhaps, would be nearer the truth, by causing the skin to secrete, as in the black man it does, a black fluid between the scarf and the true skin, or by changing the chemical nature of the substance between the scarf and true skin, and thereby forming a

different-shaped particle that composes the substance here deposited, prepares it for the wants of the body, and consequently the stronger the light and heat, the darker does the body become.

In this connection, I do not mean to say, that the black man, after residing at the North, or the white man, after residing at the South, although the skin may retain its original color, at least in a degree, may not experience inconvenience by exchanging their situations; because, as I said before, the body in some measure adapts itself to the circumstances under which it is placed.

Dr. Ure, a distinguished writer and chemist, of England, says, "evaporation and rarefaction are grand agents employed by nature, to temper the excessive heats of the torrid zone." Again, "the equilibrium of animal temperature is maintained by a copious discharge of vapor from the lungs and skin. The suppression of the exhalations is a common cause of many formidable diseases, among these fevers take the lead. The ardor of the body in this case of suppressed perspiration, sometimes exceeds the standard of health 6 or 7 degrees. The direct and natural means of allaying this morbid temperature, were first systematically enjoined by Dr. Currie, of Liverpool. He showed that the dashing or effusion of cold water on the skin of a fever patient has most salutary effects, when the heat is above 98; and when there is no sensitiveness of chilliness or moisture on the surface." Arguing, undoubtedly, as he might, that as the whites in the southern latitude were more subject to fevers than the blacks, and that this might be owing to the different degrees of facility with which the heat was conducted from the body, and as evaporation had a tendency to lower the temperature of substances from which it should take place, so, by applying cold water immediately to the skin, he could effect, by artificial means, what nature did by hers. Professor Silliman, in one of his late lectures in Boston, alluded to the same provision of nature. Evaporation from the body of the white man, in the torrid zones, is what helps preserve the body in a state of equilibrium and of health; while the evaporation of vapor and the easy transmission of heat through the black skin, combined, preserve the equilibrium and health of the black man, and by these means he is doubly guarded.

It may be objected to my position, if the color of the skin is owing to the climate, why are the Indians of this country, in these northern latitudes, black or red? Why are they not as white as the European? Why are not the Esquimaux, and the inhabitants of Terra del Fuego, white? While we may not know the particular reasons that have caused them to retain a dark skin, we do know that while there may be colored people at the North, there is no native race of white people within the tropics, saving the Albino Negroes—a fact well worthy of consideration. But the reasons may be that the Indians had not long inhabited this country before its discovery by Columbus, and, also, it may be the race that were in possession came from the South, and, as it has been observed, it takes much longer for a colored skin to turn white in our northern latitudes, than it does for the white to turn black in the torrid zone—the power of the sun having a greater influence upon the system, than its comparative want of influence here.

It is said that a colony from Portugal, who went to reside in Africa, without amalgamating with the natives became black after a few generations; and with regard to our colored population at the north, though it might take many generations before they become perfectly white, yet we doubt if many are born with that extremely dark hue that is the characteristic of those born under the equator. We know that vegetables very soon change from white to green if placed in the sun, but the green never changes to white when put in the shade. A number of individual cases of gradual change of color in the healthy African, in northern latitudes, are on record. One case of partial change occurred in my native town, in a young man by the name of Croyden Chesley.

I cannot, therefore, but think that it is the influence of the sun's rays upon the surface of our bodies, when they are exposed to it, or the absence of these rays, that produces the varieties of color; and owing to circumstances and favorable causes, the skin is made to change from one color to another. It is noticeable, that those white varieties, among others that are black, when the race is admitted to be the same, occur in northern latitudes, or in the neighborhood of forests or mountainous regions, where the heat may not be supposed to be so great as it is around the desert of Sahara in Africa.

There is another answer to the question, and it may be conclusive. We of the white race, in the northern latitudes, have from necessity been clothed and housed, our bodies have been for the most part shielded from the sun, and we have comparatively grown up in the shade. My child, you must not go out in the sun, you will get tanned, are the words of the mother; and such has been the case among all civilized nations. Whereas, the Indians, during the heats of summer, wander about comparatively unclothed, and expose themselves to the influences of the climate. What effect such a course of action would have, may in some measure be judged by the casual exposure of any one, during the heat of summer. As has been remarked, the skin alters its hue, and the man is tanned. May we not reason from such facts, that if man was constantly exposed, the nature of his skin would be changed; that it would accommodate itself in a degree to the change of circumstances.

Even the broad nostril of the negro may have its use in giving free egress to the vapor and heat generated in the lungs; and the contracted one of the white man, in protecting the lungs from exposure to the different temperatures that exist without and within. So that when the negroes told Mungo Park she could not conceive what woman would have such a thin-lipped, pale-faced, *peaked-nosed* man as he, her ideas rested upon an internal sense of propriety, rather than on mere fancy.

I hope your readers will here pardon me in digressing a few moments, while speaking of the hair, which distinguishes the African from the rest of his species, though it may not be necessary to allude to it, as for the most part it is well known that the hair on our lower animals is usually coarser on those of the south than on those of the North, and the same causes are at work that makes that of man to be the same; even as the vegetable is ranker at the South than at the North. But, whatever may be the

cause, who is there that has looked upon the flowing wig of by-gone days, does not see our fathers were not so prejudiced against this kind of head-dress, which is a faithful imitation of what a negro's would be if he should suffer his hair to grow long. Besides, is there any lady who does not look upon her own frizzets with satisfaction, to say nothing of the complaisant countenances of our young men who have just begun to sport a pair of whiskers, and who seem to think they ought to receive greater consideration on their account; and yet, if they will reflect, they must conclude there is very little difference between having a curly head, and a curly chin; and if man originated between the tropics, as is most universally concluded he did, we may suppose we have not been changed from one color to the other a sufficient length of time to get rid of all our fathers' characteristics.

G. W. F. MELLAN.

MEDICAL MATTERS IN SOUTH EASTERN OHIO.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I am induced to send you the following, from the supposition that it would be gratifying to some of your readers to know more of the profession in this section of the country.

I will attempt to give you a brief (and will not be responsible for its being otherwise than an imperfect) description of the profession in this county. The county is situated in the south-eastern part of the Reserve, and consequently an eastern county in the State. Its northern extremity is twenty-six miles from Lake Erie, and its southern thirty from the Ohio river. Its extent is thirty-five miles from north to south, and twenty-five from east to west, containing thirty-five towns of five miles square. Its shire is Warren, situated on the Makoning river. This, and Gravel river, are the only rivers in the county of any importance. Neither of these streams produces much malaria. The situation of this county is such that we are subject to very frequent and great changes in the weather, the temperature often changing from 50 to zero from 12 o'clock, M. to the next morning. We have no more sure indication of rain than an extreme cold night in winter.

The febrile diseases are of the remittent type for the most part. The occurrence of intermittents or typhus is very rare, although diseases not unfrequently assume typhoid appearances. There is a large proportion of cases of pneumonia in the late autumnal and early vernal months. We are constantly consulted in cases of chronic hepatitis and duodenitis of an incipient character. Phthisis is a rapidly increasing malady, and is much more rapid in its consummation after being once formed, than in many other locations; this I have attributed to the sudden changes from the influence of the Lake, which influence extends much further on account of the level face of the country—there being but slight inequalities in the surface from the Lake to near the southern limits of the county.

Of the character of the profession I ought to speak with some reluctance. In the early settlement of the country (which extends but a few years back) but few were induced to locate here for the practice of medi-

cine. Yet there were some skilful practitioners among them, who would be an honor to the profession in any place, and who have worn out their best days as pioneers in this region. The arduous nature of the employment in such places cannot be easily imagined by those who are nurtured in the city or thickly-settled country—compelled, as they were many times, to travel considerable distances on foot on account of the roads being impassable for other conveyance. Strange as it may appear, a few, possessing the highest order of talents, have thus spent their palmy days in this region. But the majority of those who have assumed the name of *doctor* have been a heterogeneous mass—such as Thomsonians, Brachiiets, &c. &c., and often the people were unable to appreciate the difference between a physician of respectable acquirements and an empiric. Ten years ago there were no more than twelve regular physicians in this county. Since that time the number has increased to about thirty, and perhaps half the number of empirics.

The laws of this State are such, as you are probably aware, that all are allowed the exercise of their steam and water functions to their hearts's content, provided they kill no one outright in the operation. I think, however, their influence has been rapidly on the wane for the last five or six years. Their only ground of hope, which has been in prejudicing the minds of patients against the use of calomel and all chemicals as used by regular physicians, is taken from them, as the people have a fair opportunity of judging the merits of both.

A considerable portion of the inhabitants, who are emigrants from Pennsylvania and Virginia, within the bounds of my practice, have never before had an opportunity of employing a regular physician, and they would, perhaps, receive the first prescription with as much caution as they would the upas; but when the results proved salutary, there were none who appreciated more highly an attendance from regular physicians.

Bristol, Ohio, May 22, 1844.

C. B. CHAPMAN, M.D.

CASE OF SPONTANEOUS REMOVAL OF A CATARACT.

[We find the following case in the first No. (just published) of the New Orleans Medical Journal, reported by John F. Eustis, M.D., of New Orleans.]

Mr. R., a carpenter and joiner, ætat. 57, had cataract of the right eye fifteen years, and for five years past has not been able to see at all with this eye. A short time ago, he consulted a well-known oculist in New York, who advised an operation, which circumstances obliged him to defer. About six weeks ago, while on a visit to a friend, he took up a pair of double convex spectacles, and applying them to his blind eye, discovered, to his astonishment, that he could see and even read small print. He consulted a surgeon on this singular occurrence, who informed him, that by some means, which he could not account for, the cataract had become detached, leaving the pupil clear.

The eye now presents the following appearances. When at rest, the pupil is perfectly clear, and the contractions of the iris natural. The pos-

terior chamber is very large, and the iris slightly tremulous. When the ball of the eye is moved, there suddenly shoots up behind the iris an opaque lens, of grayish color, medium size, and perfectly circular. It sometimes rises so high as to close the pupil entirely, particularly if the head is inclined forwards; generally, it covers only the lower half of the pupil, and its motions are so rapid as not to interfere with vision any more than the act of winking. There is no pain in the eye, nor has there been any sign of inflammation. The patient is of very temperate habits, and is positive that he has never received a blow on the eye or head. He now uses this eye principally, on account of a cataract forming in the left eye.

From the size of the posterior chamber and the tremulous motion of the iris, I was at first inclined to account for the displacement of the lens by dissolution of the vitreous humor (*synchisis oculi*). But the globe of the eye is firm, shining and elastic, the sclerotic of its natural color, and the sight good. Moreover, the vacillating motion of the iris is no greater than we often see after the removal of a cataract. In the four weeks that have elapsed since I first saw this case, I cannot detect any change in the appearance of the lens; it is probable that it is still enclosed in its capsule, which protects it from the dissolving properties of the aqueous humor.

This case is interesting, because it proves that cataract may sometimes be cured spontaneously. By a sudden jerk of the head, a fall, a blow on the eye or the temple, the opaque lens may be torn away from its natural connections, and removed entirely out of the axis of vision, leaving the eye in the same condition as after the operation by depression. Whether a change has taken place in the ciliary body, by which the connections of the lens are softened and loosened, is a question which we are not competent to answer. It is probable that some such change has occurred, or the spontaneous removal of the cataract would be of more frequent occurrence. Whatever this change may be, the present case shows that it is not always of sufficient gravity to interfere with perfect vision.

As long as the opaque lens remains behind the iris, it gives no uneasiness; but if it should pass into the anterior chamber, it is liable to create so much pain and inflammation, as to require its removal. This may be done by incision of the cornea, as in the operation of extraction, or we may adopt the expedient of Demours, and attempt to return it to the posterior chamber, by laying the patient on his back, and dilating the pupil largely with belladonna.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 26, 1844.

Lectures in New York University.—Very ample preparations are making for the delivery of a splendid course of medical lectures the ensuing

autumn. The patronage of the State, which has recently been brought to aid the institution, seems to have infused new vigor into all departments, and created a lively hope of surpassing any former efforts. There is a beneficiary foundation, which is new to us—and which is worth the special attention of those students who would like to avail themselves of its provisions. The sons of clergymen and physicians, all other things being equal, are to be considered as having a preferred claim.

Vermont Medical College.—A historical catalogue of this thrifty school of medicine, embracing the alumni and honorary graduates since its foundation in 1830, has been lately published. In 1835 the legislature declared that the "trustees should have power to give and confer all such degrees, honors, diplomas or licenses, as are usually given or conferred in colleges or medical institutions." From the period of organization to the last term, 249 students received the degree of M.D., and 26 an honorary degree.

On the whole, taking into consideration the number of medical institutions in New England, this success is not a little surprising. Dartmouth College is only about twenty miles from the college at Woodstock; and Castleton Medical Institution, on the west side of the Green Mountains, also belongs to Vermont. At the north of them, both Montreal and Quebec have medical schools; while at the east, is Brunswick in Maine; Boston on the south, and Albany and Berkshire at the west. So numerous are these nurseries of medical science in the United States, that we have quite forgotten the number. At the close of 1839, there were twenty-three authorized to confer degrees; since that year, the creation of a number of new ones has taken place both in the Western and Southern States.

Cyclopædia of Practical Medicine.—Dr. Dunglison's revised edition of this good work, is certainly gaining upon the good will of the profession wherever its merits have been made known. Part V. is now out of press—and its regularity, and neat typographical execution, should ensure for it a rapid and extensive sale.

Medical books cannot be procured in any part of Europe at such reduced prices as in American cities. Those which sometimes cost two guineas in London, can be purchased in the United States for two dollars. At such prices, it is really inexcusable not to encourage those enterprising publishers who offer such important facilities.

Medical Society of Tennessee.—By some mishap, the pamphlet containing the proceedings of this Society, at the anniversary meeting in May, was mislaid some weeks. In the category of associations for the promotion of medical science, this is perhaps entitled to the premium banner on account of its energy. A singular but approved feature in its organization, is the thumb-screw system of making the members do something, whether they will or not. Thus Drs. Atkinson, Kelly, Martin, Irwin and Wharton, "were again called upon for their reports of cases"—being absent, they were fined \$2.00 each.

It is to be regretted that the Society wasted a thought on the old

humbug, animal magnetism, which has been taken by the horns in earnest. A committee of eleven were appointed to attend the experiments of Dr. Smith. If he asked them to dine at the conclusion of the farce, it doubtless afforded them more solid satisfaction than the nonsense of Mesmerism.

Dr. A. H. Buchanan, of Nashville, was re-elected president. In a paper read by Dr. Maulone, it was stated that a lady anticipated some accident to the fœtus in utero, in consequence of witnessing an accident on the head of one of her sons. The product of pregnancy was an encephalous monster.—Active measures are operating for the collection of a fine anatomical museum, on the voluntary plan. Many curious and rare specimens have already been deposited at Nashville. Dr. Winston, of Nashville, was appointed orator for 1845. There were some communications and orders submitted to the action of the Society, which may possibly receive a further notice, should there be room in some succeeding No. of the Journal.

Dental Mirror.—In the thriving town of Lynn, Mass., a monthly quarto sheet is published, bearing the above name, under the editorial conduct of J. R. Dillingham, a practical and scientific dentist. One of its leading objects appears to be to enlighten the public on the subject of dentistry, expose the trickery and imposition of quacks, and point out the only true method of managing the teeth, from infancy to age. From the circumstance that there is another similar paper sent abroad from Philadelphia, and a valuable quarterly published by the American Society at Baltimore, the circulation may never equal its merits. However, those who read it can no longer be ignorant of the devices of unprincipled, uninformed dentists, or the value of the services of one scientifically educated to the practice of the art.

Progress of Imposition.—A shop is opened in Boston for the especial sale of an anti-consumptive medicine. It is represented to be the discovery of a Dr. Halstead, of the State of New York. To give it an air of importance, the handbill declares he "has discovered a remedy for curing consumption in its first, second and third stages. Its fourth is incurable," and therefore the benevolent sage has no preparation for that unlucky segment of the malady.

In walking through the principal streets of Boston, the afflicted are met at every corner by the most seductive advertisements of remedies for every human infirmity. There is such an abundance of testimony, too, of marvellous cures, when the forlorn patient was bereft of all hope under regular, that is, scientific treatment by honest, experienced physicians, that certain classes of men and women are persuaded against their own judgment, to dip deeply into the irresponsible nostrums of quack medicine dealers. Unrestrained by law, and the field being both open and profitable to all who have the hardihood to embark in the trade of selling specifics, conscience being smothered in an envelope of profits, these adventurers are constantly on the increase.

References are ordinarily made to gentlemen in official stations and clergymen, who not unfrequently lend their names to oblige a friend, and thus the unreflecting consumers of patent medicines feed upon such mixtures as the balm of life. We have no expectation of relief, since the

spirit of the age is decidedly in favor of this system of sponging. People love to take drugs. Some prefer it in quart bottles, and others in the form of homœopathic pellicles, five thousand to the grain. Medicine they will have, and they seem to think him the best practitioner who disposes of the greatest number of doses in a given time, whether good or bad, great or small.

Medical Intelligence from the West.—In consequence of the retirement of Dr. Cooke from the Louisville Medical Institute, the number of chairs has been reduced to seven, and the prospects for next winter are represented as highly flattering. The summer class is small; still they are determined to see what they may be able to do towards building up a summer school.

Professor Drake is still travelling at the South. When last heard from, he was about to depart from New Orleans for Natchez and Vicksburg, where he will probably return some time during the latter part of June. His long-promised work on western diseases is still in embryo, and it is feared a long time will elapse before it will be ushered into existence.

Professor Caldwell enjoys excellent health, says a friend; and notwithstanding his advanced age, bids fair to outlive half the present generation of medical men. While others are growing old, he seems literally to be in a state of re-juvenescence. No one, not even his most intimate friends, know his real age. Every one who is acquainted with him puts it down at 80. Indeed, it cannot be short of this, and may be over. Be this as it may, he is an extraordinary man, whose like the American profession will not soon see again.

Professor Bartlett's resignation of his chair in Transylvania University is greatly regretted by the profession at the West, who had formed a most favorable opinion of his talents and attainments, as well as of his ability as a teacher and a writer. Lexington will have much cause to regret his retirement from her school.

Professor Cross resigned his chair two or three weeks ago, but not without some hope, says report, of being re-appointed. *Nous verrons.* There is a rumor that Dr. George M'Clellan has signified his willingness to accept the chair of anatomy, now held by Dr. Dudley, should it be offered to him; which is not very likely.

Dr. Gross is spending all his leisure time upon a second edition of his *Elements of Pathological Anatomy*, which will be brought out next summer. The additions will exceed one hundred pages. His determination is to make the new edition as complete as possible, and to issue it in superior style, let it cost what it may. The probability is that Barrington & Haswell, of Philadelphia, will be the publishers.

Lunatics in Alabama.—Neither Mobile nor the State of Alabama has a hospital for the insane. It would be superfluous to say that one is greatly needed. Eighteen months ago a gentleman was carried by his friends from the interior of this State to Ohio, and had to be brought back, because he could not for want of room be admitted into the excellent asylum at Columbus. Why do not the respectable and influential physicians of this State bring the subject before its general assembly; and continue pressing it on that honorable body, till an appropriation for

a State institution be made? But it should not be established in Mobile, on account of the distance from the northern boundaries of the State, and because its inmates might be invaded by yellow fever. Moreover, if it be erected at the seat of government, it will be more likely to receive the fostering care of the legislature, than if at a distance, where its touching scenes and precious blessings would not display themselves to those who are to vote the annual supplies. I do not hesitate to predict, that if this subject should be forcibly, that is fairly, presented to the general assembly, the second session after such a presentation would afford an appropriation with which to commence an edifice, equal to the wants and worthy of the character of this respectable State.—*Dr. Drake's Traveling Letters in Western Journal.*

Yellow Fever in Mobile.—Under the old Spanish and French regime, when Mobile was a village without wharves or ships, save an occasional lugger, when new comers were seldom seen in the crooked and narrow streets, and the people preferred fiddling and dancing to clearing off the drift and filth, which lodged in the margin of the stream, yellow fever never made its appearance. The first epidemic of which I am able to collect any information was in 1819, since which it has recurred in 1821, '25, '27, '29, '37, '39, '42 and 1843, appearing sporadically in many other years. Of all these epidemics, I have by the kindness of the physicians and other gentlemen, collected a considerable number of facts. In reference to their origin, there is no diversity of opinion. I have not yet met with the first believer in importation. However they may disagree as to the mode of domestic origin, all concur in it is a reality. In reference to importation, Mobile is peculiarly situated, as the waters of the Bay are too shallow to admit of the approach of ships to the city, all of which, at least all the larger, lie 20 or 30 miles below, just within the Bay. I am far from considering the unanimity of opinion on this subject as conclusive; but it must be admitted to have in it the value of a fact: and I cannot but regard it as remarkable that, with an epidemic recurrence, on an average, every three years, if it were imported by ships which cast anchor at such a distance from the city, its introduction from them should never have been detected.—*Ibid.*

Extensive self-inflicted Injury of the Throat.—In the last number of the Dublin Medical Press, Dr. Jameson describes the following wound inflicted on herself by a female:—

"It was fully three inches in diameter, and apparently sufficiently large to admit the shut or grasped fist. At the upper portion you could perceive the inferior part of the pharynx drawn up to a level with the chin, quite pendulous, having anterior to it the cut portions of the thyroid cartilage, which were white and shining.

"In the centre the outline of some of the bodies of the cervical vertebrae could be distinguished.

"At the lower portion the trachea was drawn to a level with the top bone of the sternum, which was moved up and down at each inspiration, and constantly emitting a large quantity of bloody frothy mucus through a circular opening about three quarters of an inch in each diameter during expiration, producing occasional efforts at coughing.

"The sides of this wound were bounded by the anterior edges of the

sterno-cleido-mastoid muscle, underneath which the carotids could be felt feebly beating in their relative situations."

The whole of the cricoid and a portion of the thyroid cartilages were found on the floor with the bloody razor. The patient survived thirty-six hours. This case is interesting in a medico-legal point of view. Had this patient been found dead, could such a wound have been supposed to have been inflicted by her own hand?

Variola Developing Itself on Vaccinated Persons.—In the *Annali Universali di Medicina*, M. Lassetti published the following remarks made in the *Hopital Majeur de Milan*, in 1838. Of 420 cases of variola after vaccination, three classes were established: those in which cicatrices were normal; those in which they were somewhat incomplete; and those in which they were very imperfect. The first contained 231 cases; the second 124; and the third only 65. The variola presented the following varieties:

Eruption.	Confluent.	Distinct.	Very Distinct.	Total.
Normal cicatrices	83	91	57	231
Incomplete	53	49	22	124
Very incomplete	18	28	19	65
				420

As to the result according to the number of pustules,

Eruption.	Confluent.	Distinct.	Very Distinct.	Total.
One cicatrix	30	30	16	76
Two cicatrices	36	35	22	93
Three "	40	38	20	98
Four or more do.	48	68	40	153
				420

As to age, in 1411 cases observed in 1837 and 1838, after vaccination, the result was: under 5 years old, 130; from 5 to 10, 101; from 10 to 15, 151; from 15 to 20, 303; from 20 to 25, 282; from 25 to 30, 216; from 30 to 35, 160; from 35 to 40 and above, 68; total 1411.—*Times*.

Medical Miscellany.—Dr. Lugenbeel, a young man, is now the Colonial Physician of Monrovia, the American settlement in Africa. The coast fever is fast losing its terrors, and, in fact, never ought to have been regarded with such fear as it formerly was by the early emigrants.—Dr. J. L. Day and Dr. J. W. Johnson are on a visit to this country from Monrovia.—Drs. John L. Burt and John F. Barton, have been appointed Assistant Surgeons in the U. S. Navy.—Dr. Joseph B. Wright has been appointed a Surgeon of the U. S. Army.—D. S. P. Hullihen, of Wheeling, Virg., lately succeeded in giving perfect vision to a lady 20 years of age, who was born blind.—Dr. Anson Jones, of Texas, is a candidate for the presidency of that republic.—Dr. R. A. Merriam, of Topsfield, Mass., is appointed a special commissioner for the county of Essex.—Dr. Hitchcock, U. S. Marshal, of Iowa, has been imprisoned at Nauvoo, by the Mormons.—Dr. Stephen B. Sewall has been appointed Postmaster at Somerville, Mass.

Number of deaths in Boston for the week ending June 23, 39.—Males, 20; Females, 19.

Of consumption, 8—scarlet fever, 7—inflammation of the stomach, 1—croup, 2—teething, 2—dropsy in the brain, 3—infantile, 3—catarrh, 1—lung fever, 1—disease of the heart, 1—fits, 1—murmurs, 1—old age, 2—canker rash, 1—inflammation of the lungs, 1—dropsy, 1—inflammation of the bowels, 1—throat distemper, 1—typhus fever, 1.

Under 5 years, 21—between 5 and 20 years, 6—between 20 and 60 years, 9—over 60 years, 2.

Table of the Cases of Strangulated Hernia treated in St. George's Hospital in 1842 and 1843. Read before the Royal Medical and Chirurgical Society, By PRÆSCOTT HEWETT, Curator of St. George's Pathological Museum.—The author began by giving a statistical account of thirty-four cases operated upon for strangulated hernia. The result of these operations was twenty-five recoveries and nine deaths. The sac was opened in every case; and in six cases a portion of omentum was removed. Five of these cases recovered, and one died of disease of the brain a few hours after the operation.

The author then gave, at full length, some of the cases which presented marked points of interest, and the *post-mortem* examination. Among the cases may be noticed Case 2, in which the gut, after having been strangulated for seven days, was, by the taxis, reduced with the sac. The symptoms of strangulation continued; the hernia fortunately re-appeared in the groin during a fit of vomiting; the operation was performed, and the patient was discharged from the hospital eighteen days afterwards.

Reference was then made to four cases, in all of which the gut was enveloped by a complete sac, with a narrow neck, formed by the omentum. In relation to those interesting subjects, some quotations were given from Sir A. Cooper's and Mr. Lawrence's works, proving how *very rarely* these cases are met with. The author then proceeded to make some detailed observations on these omental cases, and on their formation, which he referred to three principal varieties. In three of the cases the hernial and omental sacs were more or less extensively united to each other. In the fourth case the omental sac was lying loose in the cavity of the hernial sac. Large quantities of adipose tissue were, he said, sometimes deposited in the folds of the omentum, forming the second sac; and he referred here to one of the cases, in which the walls of the omental sac were more than an inch thick, as shown by the preparation exhibited at the meeting. The neck of these omental sacs, the author remarked, sometimes becomes the *sole* cause of the stricture: of this a well-marked example was given at full length. This circumstance was mentioned as an additional argument against the practice of reducing the hernia without opening the sac.

The author concluded his observations upon these cases, by adverting to the possibility of an alarming hæmorrhage taking place *into the cavity of the abdomen*, after the division of the *neck* of these omental sacs.

After some remarks upon the relative frequency of the strangulation of femoral herniæ, the numbers of which were given in the table, he made some observations on the "opening of the sac," which he, on various accounts, strongly advocated in the majority of cases. The paper was concluded by some remarks on the removal of the omentum, and the various modes of applying ligatures in these cases.—*London Medical Gazette*.

Case of Intussusceptio.—M. Staal, a military surgeon in Stägelsoe, has recorded a curious case of intussusceptio, where the patient, after stercoraceous vomiting, was completely relieved by an injection of nearly four grains of extract of belladonna in gruel. This produced narcotic symptoms and speedy fecal discharge. The patient recovered in two days.—*Oppenheim's Zeitschrift*, Feb. 1844, p. 258.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JULY 3, 1844.

No. 22.

PATHOLOGY OF ACUTE RHEUMATISM.—HEART DISEASE.

By J. J. Furnivall, M.D., London.

GREAT obscurity envelops the pathology of acute rheumatism, and we know next to nothing of the causes, through the operation of which, during its course, disease is set up in the heart. The difficulties of investigation are increased by the yet infant state of analytic organic or animal chemistry; yet the importance of a successful research, by which functional or organic mischief in the heart may be prevented, need not be pointed out at length, for every one will allow, that while such disease is often highly distressing to the rich, it cannot fail to be calamitous in every respect to the poor. Any attempt, then, however humble, whether successful or not, to throw light on this subject, ought to be received with the utmost allowance; my object is merely to place the following opinions before your professional readers, in the hope and in order that the practice recommended below may be tested at the bedside. I do not mean to enter into the whole details of the treatment, but only so far as prevention of heart disease is concerned.

In common with, I presume, every practitioner, I was soon struck with the evidences of an acid diathesis, prevalent throughout the whole system, and visible in the secretions, but more particularly in the perspiration. One gentleman in alluding to this latter fact (Dr. Wigan) thus graphically writes:—"I had often observed that scissors and other articles of steel, and even the fire-irons in the bedroom, were rusted in a short time, as if they had been subjected to the steam of vinegar." Now, as we know the perspiration and urine to be secretions eminently depuratory of the blood, it appears to me that an unusually acid state of these must involve a supposition that the blood itself, instead of being gently alkaline, as in health, has, by disease, undergone a modification, approaching to a reverse condition, and that it is laboring to relieve itself of its morbid load through these secretions. If this be correct, we cannot doubt that such a state of the blood must prove highly morbidly stimulant to the heart and whole arterial system, as well as to their associated nerves; thus we might, at once, account for the general excitement of the arterial system, and, perhaps, for the violent pains which are so marked in acute rheumatism.

Besides this state, it is now believed that there is in this disease a great

increase of fibrine in the blood, and the more acute the attack the greater the quantity of fibrine. Andral, in his "*Hæmatologie Pathologique*," tells us that the quantity of fibrine in healthy blood varies from 2.5 to 4. in the 1000 parts; but that in articular rheumatism the mean increase fluctuated between 7 and 8 per 1000, and the maximum increase amounted to 10.2 or more than triple its natural quantity. The dependence of the pains and excitement on the proportion of the fibrine in the blood seems to be pretty clearly pointed out, both increasing and diminishing with the augmentation or diminution of the quantity of fibrine.

We have, then, two morbid states of the blood in this disorder, which must powerfully tend to excite inflammatory action in the serous membrane of the cardiac ventricles, and of the left ventricle in particular. The subversion of the alkaline state in the blood could not but prove highly exciting to the endocardium, thus causing hypertrophy and inflammation; while the superabundance of the fibrine tends to favor the formation of deposits within the fine interstices of the cardiac valves and parts adjacent, leading to an embarrassment of their action, until the valves can no longer subserve their natural functions.

In addition to these causes, we know that the chosen site of rheumatic action is the fibrous and fibro-serous textures, and as these textures abound in and about the heart, we have thus another cause powerfully determining the morbid action of the heart.

From the earliest years of my practice I have tried alkalies in rheumatism, but not in an efficient manner. I found them always of service, but only as auxiliaries, the general excitement and inflammatory epiphenomena requiring the additional use of other remedies; but since 1830 I have used alkalies more perseveringly than before, chiefly the liquor or carbonas potassæ, and I have not ceased giving them until after the marks of an acid diathesis had disappeared, or that the alkalies disagreed with the stomach, which latter circumstance has rarely happened.

Since that year I do not believe that one case of heart disease in acute rheumatism has occurred during treatment in my practice, where the alkaline treatment has been fairly carried out; and I must have, during the time mentioned, treated at least fifty such cases, without counting any examples of chronic or sub-acute rheumatism.

Now, as heart-disease is said to occur very frequently (it has been said in one out of every three cases), it will be well worth while to try what I recommend, and to substantiate my correctness, or to prove that I am mistaken in the benefit to be derived from an alkaline treatment; and, as an additional recommendation, the medical man can, and ought, to prescribe other remedies at the same time. During the years mentioned, my practice was carried on in the country, and was of such a nature that if any one fell ill again, who had once been under my treatment, he would have probably applied to me again, or I should have heard of the recurrence of disease. In proof of this, I may mention that my notes contain the cases of many who have been under my care for the second and third time. It is this circumstance of my having been able to watch the after-progress of my patients, that gives weight to my assertion; for,

in a metropolitan or widely-spread practice, relapses or fresh attacks might occur, and yet the practitioner hear nothing of them.

I have already said that I do not solely rely on the alkali, excepting as a prophylactic against heart-disease in rheumatism, for although I had heard of a practice, general in some parts of England, of giving alkali, and I had also heard of the success of such treatment, yet I found myself obliged to combine it with other remedies. I do not mean, in the present paper, to go into the detail of the different modes of treatment, nor to describe the indications pointing to one mode of treatment rather than to another, but I would ask those medical gentlemen who are well placed for such an experiment, to make a *persevering* trial of adding moderate, yet not too small, doses of the liquor or carbonas potassæ, to colchicum, or to any other (not chemically incompatible) remedy which they may be in the habit of prescribing: and I would ask them to watch and report the result, whether in confirmation or refutation of the ætiology here propounded. My own conjectures as to the *modus operandi* of the alkali are, that it may act in a fourfold way:—

First. As a neutralizer of the acid predominant in the system, and as a restorer of the alkaline condition of the blood.

Second. As a thinner of the fibrine superabounding in the blood; for the physiologist of these days correctly maintains that a gently alkaline condition is essential to the normal fluidity of the blood.

Third. It may act as a sedative, indirectly, by the two first modes of action.

Lastly. It may act as a diuretic, thus helping to carry off the morbid elements of the blood.

According to Andral, and others, blood-letting shows little or no power, either in diminishing the fibrine, or in curing the disease, and cases of acute rheumatism are on record in which heart disease occurred, in spite of a treatment very active, and in every respect able, excepting that no alkali had been given. On the other hand, the cases treated by myself, and where alkali was pretty freely given, show a marked exemption from heart disease.—*London Lancet*.

STRICTURE OF THE URETHRA.

From Sir B. O. Brodie's Lectures at St. George's Hospital.

I SHALL speak to you to-day, gentlemen, of the case of James Miles, on whom you saw me operate a few days since for stricture of the urethra; and, at the same time, I shall make some general observations on the treatment of that disease. This man has been making water in a small stream for several years past; we cannot tell exactly how long, because laboring men do not attend to these things, and it might have occurred a long time before it attracted his notice. About a year ago he was seized with retention of urine, and had it drawn off by Mr. Bates, who introduced a catheter into the bladder for the purpose. He was admitted into this Hospital on the 12th of July last (six months since), with the follow-

ing symptoms : his water was alkaline, and deposited a ropy mucus ; his countenance was anxious ; he was feverish, and had great difficulty in passing his water. Catheter, No. 1, was introduced into his bladder, and its use was continued till lately, having been now discontinued, because there has been great difficulty in passing the instrument, the urethra feeling hard and resisting, and because its introduction was followed by shivering, and attacks of fever which endangered his life. The patient then was in this condition : he had stricture of long standing ; the mucous membrane of the bladder was inflamed, as was shown by the adhesive mucus in the urine ; and he could not be relieved by ordinary treatment, as he could not bear the catheter being left in the bladder from the shivering. In the generality of cases, no bad symptoms follow the ordinary mode of treatment ; but, in this instance, such a proceeding was inadmissible. Let me then point out the best course to pursue in such cases ; also, explaining what are the principal difficulties in stricture of the urethra. First, cases occur where the passing of an instrument is followed by a violent attack of shivering, and fever supervenes which may last for weeks ; sometimes a rheumatic fever, and I have known instances where it has been followed even by mania. Much depends in these cases on the constitution of the patient ; and this class of symptoms occurs chiefly in persons, who have resided in hot climates. Now you know that, if you pass an instrument repeatedly for a patient, submitting him each time to these attacks of shivering and fever, you will reduce his strength to an alarming extent, and for a long time I did not know how to overcome this difficulty. In some instances you will succeed by giving large doses of opium, purging the patient next day, and repeating this treatment after each introduction of the catheter. I say the rigors may subside from the effects of these remedies, but their efficacy is doubtful, and they succeed permanently in comparatively few cases. Sometimes the opium relieves the symptoms one day, but they return the next ; at other times it distresses the patient so much that he will not take it ; sometimes it relieves the patient for a length of time, but then if discontinued the symptoms return. But in all these cases, I observed that the shivering did not come on till the patient made water, so that it struck me it might be produced by the urine passing over the part, and not from the mere passing of the instrument. I directly said, therefore, that if such be the case, I have only to prevent this occurring, and the symptoms will be permanently relieved. In order to effect this, I introduced a gum catheter into the bladder instead of a bougie, and putting a peg in the open end, left it there ; by this method the urine has been entirely prevented from flowing over the part, and I believe in every case where I have employed this method of treatment, it has been successful, although I have been told that in other hands it has failed. A gentleman who had been residing in Gibraltar came to me some time ago : he had been suffering from stricture a great length of time, for which he had had a bougie passed from time to time ; but it was always followed by an attack of shivering which laid him up for a month. Well, I passed a bougie for him, and sure enough I laid him up for a month ; during that period I observed the

circumstances which I have been relating to you, and having passed a gum catheter for him, I left it there, and he had no return of symptoms. When it had been there several days I withdrew it, and in about half an hour replaced it by one a little larger ; after this he was able to pass the instrument himself, and no further difficulty arose. Secondly, cases occur in which the difficulty arises from your not being able to get an instrument into the bladder ; you pass it once, perhaps, and then are prevented doing so for a twelvemonth afterwards ; when this happens, it is mostly in old cases where the urethra is very much narrowed. The nitrate of silver will sometimes relax it for a little while, but I have seen cases where even this was ineffectual, and where no common method would succeed. When I commenced practice, I met with a case of this description which perplexed me very much, but it has served as a practical lesson to me ever since. The circumstances of the case were these. A gentleman came to London, and placed himself under my care for a stricture of the urethra. I passed a bougie for him once, but could never succeed afterwards ; perhaps if such a case occurred to me now, I might succeed, but from what I recollect of this case, it is quite possible that I might not. I tried the application of nitrate of silver, and gave him opium, but still he could not make water. In two or three days, his bladder became so much distended that I was afraid it would burst behind the stricture. To avoid this I introduced my finger into the rectum, and punctured the bladder from that part, leaving the canula in the opening for several days, as the opium he had taken constipated his bowels. At the end of about the second or third day I removed the canula, and the opening became fistulous, so that the water for the most part came from the rectum. What was the consequence ? Why, in a short time the stricture became manageable, and the patient soon got well. The pressure of the urine on the back part of the stricture had been keeping up a constant state of irritation, and when this was removed the disease also disappeared.

Some now present will remember a patient who was in this Hospital three or four years ago, on whom unsuccessful attempts were repeatedly made, to pass a catheter ; I succeeded twice only ; and the patient, much plagued at getting no better, was, at his own request, taken to the operating theatre, when I cut into the perineum, and dissected down to the bulb of the urethra, then directed the patient to strain ; this enabled me to feel the bulging in the urethra, by which I knew I was in the right place ; I then made an incision into the membranous portion of the urethra, and the contents of the bladder immediately gushed out. This case occurred just before I went into the country for my usual vacation ; and during my absence the urine was allowed to come away by the fistulous opening in the perineum, and when I came back I was enabled to pass an instrument without difficulty. Mr. Stafford invented an instrument for cutting through a stricture, but I do not think it safe to employ it. It is nothing more than a common silver catheter, with a lancet at the end ; you may have half an inch to cut through, and if you passed such an instrument into the cellular membrane surrounding the urethra, you would have effu-

sion of urine, from the effects of which the patient in all probability would die. But this may be modified, as you see here (showing the instrument), where you have no curve in the instrument, but merely a straight catheter, having at its extremity a stilette, which, by means of a screw at the opposite end, may be made to protrude any required distance. I will tell you of a case in which I first employed it. A man who had previously been under the care of Mr. Earle, at Bartholomew's Hospital, was admitted here and placed under my care; he had stricture, and I never could pass a catheter for him; I therefore had him taken to the operating theatre, and I cut into the perinæum on the left side of the raphe; then dissecting down to the urethra, I laid it open behind the stricture; and having passed the instrument I have just shown you into the urethra, and drawn the penis as forward as possible, I passed one finger of my other hand into the opening of the urethra close under the symphysis pubis, and then screwing out the stilette, and being guided by my finger, I pressed it forwards through the stricture. Having done this, I removed the instrument, and replaced it by a common gum catheter, which I left there several days to prevent the irritation which would have been produced by allowing the urine to flow over the part, and the patient entirely recovered. I can recollect the time when the surgeon used to cut into the perinæum, and, what was called, dissected out the stricture: I say "what was called," for, in fact, the surgeon did not know what he was doing; this I have from persons who saw the operation performed. I never saw it done in this hospital, but it has been done in others. I have been told that sometimes the surgeon succeeded, but in most cases the patients died: and certainly it does appear absurd, when there is an operation so simple as the one I have been describing, to venture on one extraordinary in itself—dangerous in its consequences. When the opening has been made, as directed in my operation, the catheter is immediately passed, which entirely prevents effusion taking place. In the two last cases you have seen in the Hospital, the instrument could be got through the stricture, but the difficulty was this: it always produced a fit of shivering, so that it could not be allowed to remain. The operation you saw me perform the other day was as follows: I cut down into the perineum till I could feel the staff at the part where it passed through the prostate gland; then, turning the knife forwards in the groove of the staff, I divided the stricture in the direction of the penis, and I could feel that I was cutting through a hard gristly substance. The question then was, whether an instrument was to be passed through the urethra, or the opening made in the perineum? The latter was decided upon, and the patient is going on tolerably well. The urine is already alkaline.—*London Medical Times*.

HÆMOPTYSIS, WITH SUPPURATION OF RIGHT LUNG, AND HYPERTROPHY OF THE HEART.

By John P. Harrison, M.D., Cincinnati, Ohio.

MAJOR P., an eminent lawyer, possessed of a quick and ready talent for public speaking, had, before I saw him, several attacks of pulmonary

hemorrhage, which were brought on by severe professional labor. Several months before my first visit, an abscess had formed in the right lung, and a large quantity of pus had been discharged.

April 20th, 1843.—This day, in consultation with his attending physician, a gentleman of intelligence and practical tact, I saw the patient. He was slowly recovering from the severe illness, connected with the suppuration of the lungs, and from a recent eruption of blood from the lungs. Upon careful examination of his chest, by auscultation and percussion, no tubercles could be detected in either lobe of the lungs. There was evident hypertrophy of the right ventricle of the heart, and a cavity existed in the lower portion of the right lobe of the lungs.

The action of the heart was very powerful, lifting up the hand when it was placed over the cardiac region. Our diagnosis was a cavity in the lower portion of the right lung, whence the copious eruption of pus had issued, which the bursting of the abscess had occasioned two months ago; some condensation of pulmonary tissue around the location of the cavity of the abscess; no tubercles in either lung; hypertrophy of the right ventricle of the heart.

Having been freely depleted by the lancet, before I saw him, no further detraction of blood was employed. Nitrate of potash, digitalis and tart. emetic were given pretty freely, so as to moderate the action of the heart, and subdue the tendency to hemorrhage. Under this treatment he improved very much, and in a few weeks was able to go out in fine weather.

He had, however, one or two returns of hæmoptysis during the spring and summer, brought on by imprudent exposure, and the exercise of his professional duties at the bar. Once he experienced a renewal of the hemorrhage from the lungs by indulging, agreeably to the advice of a physician who was not in attendance, in animal food. His health, under a strict vegetable diet, and regulated mode of living as regards exercise, and abstinence from all attempts at speaking, greatly improved, and I heard nothing of him for several months till his last illness.

October 3d.—Saw him; pain very intense in the right and lower portion of the chest; some serous effusion in the right cavity of the thorax; absence of respiratory murmur in the inferior portion of the right lung; pulse weak and quick, action of the heart tumultuous and irregular; general strength much reduced; slight anasarca of ankles.

Some days before this date he had exposed himself—had a return of the hæmoptysis, for which he had been bled.

The effusion into the cavity of the thorax increased, day after day, until he died, on the 11th of October.

Sectio-cadaveris, on the 13th of October.—A gallon of serum was found in the right side of the chest; a few miliary tubercles at the upper portion of the right lung; about two thirds of the right lung (the lower portion) was hepatized; a cavity, of an irregular shape, which would hold half an ounce of fluid, was found in the inferior part of the right lung. The right ventricle of the heart was much thickened in its walls—no dilatation, or contraction, of the cavities of the heart; a pint of serum in the left cavity of the chest.

Originally, as far as the history of the case could be ascertained, this was an attack of hypertrophy of the right ventricle of the heart; the lung affection was consequent to the urgent impulsive power of the central organ of the circulation, throwing the blood with morbid force and quantity on the pulmonary apparatus. The abscess of the lungs resulted from the inflammation, set up in the parenchyma, affected with the hemorrhagic congestion of blood.

The valuable life of this gentleman might have been prolonged by a most scrupulous avoidance of everything calculated to disturb and quicken the action of the heart. But such was the great activity of his mind, that in despite of repeated cautions, he constantly transgressed the only measure which could have effectually protected him from a renewal of the pulmonary attacks.—*Western Lancet*.

CASE OF POISONING BY THE CASHEW NUT.

By P. Le B. Stickney, M.D., Philadelphia.

JAMES B—, a lad about 16 years of age, was poisoned by rubbing upon the back of his hand, the acrid juice of the cashew nut.

The effects of the poison were first manifested by an excessive inflammation of the affected part, accompanied with pain and an almost intolerable itching.

This was followed by an eruption of small red pimples, which soon suppurated, bearing a close resemblance to the pustular eruption produced by croton oil. In a short time these pustules discharged a very small quantity of thin pus, coalesced, and became covered with a thin pellicle, filled with serum, giving to the skin the appearance of having been covered with small blisters.

The blistering or desquamation of the cuticle was confined to the part upon which the juice had been applied, excepting the lips, which being repeatedly rubbed by the hand presented a similar appearance, whilst the swelling and pustular eruption extended to the other parts of the body.

The penis and scrotum were enormously distended by an oedematous swelling, but the eruption was confined entirely to the scrotum.

The urine, which was voided in large quantities, was of a dark bottle-green color, possessed its natural smell, and deposited no sediment. Unfortunately it was not analyzed, and we have therefore no means of satisfactorily accounting for this peculiar color.

The general health of the patient was not materially affected. On the first appearance of the swelling, there was some fever and thirst.

Saline purgatives, with warm and cold fomentations, and poultices of the slippery elm bark, were used with benefit.

A poultice of bread and milk, with the common plantain leaf, appeared to be most serviceable in removing the swelling and itching—perhaps the flax-seed poultice would have answered equally as well.

The cashew nut is a product of the *Anacardium Occidentale*, a small tree growing in the West Indies and other parts of tropical America.

The active property of the poison is found in the black juice contained between the outer and inner shell of the nut, and is exceedingly acrid and corrosive.

Mr. Worthington, of this city, some time since tried some experiments with the juice of the nut. Having dissolved it in æther, he obtained by evaporation a thick, dark-brown colored oil, which contained the poisonous principle. He was deterred from further experiments on account of the severe effects produced upon him by the poison.

A more extended description of the plant and properties of the nut, may be found in the Appendix to the last edition of the U. S. Dispensatory, under the head of "*Anacardium Occidentale*.—*Philadelphia Medical Examiner*.

SOME ACCOUNT OF CRETINISM IN SWITZERLAND.

FELIX PLATNER, in 1611, thus graphically pictured those miserable beings who still, as then, vegetate in the valleys of Switzerland, as if Nature, delighting in strong contrasts, had given human pride a lesson of humility, by placing amidst some of the most exquisite of earthly scenes the lowest, loathsome specimens of human nature:—"There are," says Platner, "some stupid creatures who besides being born so, have other vices of conformation. They are chiefly seen in the valleys, sitting at the doors of the cottages, staring upwards, or playing with sticks in their hands, and grinning at passers-by. Their heads are mis-shapen, and mouths and tongues so thick and swollen that many are unable to articulate sounds. They were indeed hideous to see."

These are the Cretins of the present day, the numbers of whom, it is supposed, amounts to 8000 completely idiotic, and double or treble that number who are more or less affected. A statistical survey, however, has been undertaken, which will give some certain information.

The word "Cretin" is said to be derived from "*crætira*," which, in the Romance or old Italian language (still prevalent in a part of the canton Graubünden), means "a poor creature;" a word very significant of a disease which consists essentially of such an enfeebled state of both body and mind as unfits them for the commonest purposes of life. "The sole condition which prevails in all is a want of tone or energy, evident either in the whole being or in a particular series of organs." Cretinism and goitre have often been confounded, as one and the same disease. They commonly coexist; but there are many "Cretins" that have not "goitre," and vice versa. In extreme cases the head is mis-shapen, the limbs and body deformed; the Cretin can neither hold up his head, stand, or walk; he is deaf, and, consequently, dumb; his eyes give him no definite sensation; and his taste, smell and touch are similarly defective: he is so dependent on others "that a day of neglect would be the day of his death."

Dr. Guggenbuhl, a Swiss protestant physician, struck with the wretch-

edness of these beings, has, with a zeal, devotion, and earnestness of purpose worthy of all praise, devoted his life to the amelioration of their condition. For two years he lived in one of the small valleys in which Cretinism was endemic, to study the disease; he then travelled over Switzerland to ascertain its localities; and having satisfied himself as to the means of cure, he called the attention of his countrymen to the subject, and has been enabled to begin his benevolent experiment on a small scale.

Dr. Guggenbuhl believes that in four cases out of five the disease consists in a want of due bodily vigor, which renders the senses incapable of conveying external impressions to the mind; and not in the non-existence of the mental faculties; or, in other words, in no organic defect of the material organ of the mind; and his treatment consists in improving the bodily health by air, exercise, diet, friction, baths and medicines, and in subsequently rousing the inert senses by a steady course of instruction. The only cause which he has found to be constant in all those localities in Switzerland, where Cretinism is endemic, is the damp warm air of close valleys among the mountains where there is no free circulation; and it is an essential feature of his plan, that the institutions for the cure of this disease should be situated in high mountains, far above the altitude of any of the valleys in which it prevails. For this purpose he has purchased a cottage on the Abendberg, near Interlachen, 3600 feet above the level of the sea, which is 1000 feet above any place where Cretinism is endemic. Ascending a steep mountain, amongst thick fir forests, the traveller at last arrives at an open space of grass-land, on which is a cottage—a spot of rare beauty, with ranges of mountains, covered with snow above, and far beneath, a lake and the green valley of Interlachen. This cottage is the field of this Swiss physician's self-denying labors. "I myself," he wrote to his countrymen, when urging the claims of these poor idiots, "will dedicate my life and all my powers to this sadly-neglected class of mankind; and, regardless of all difficulties, will strive to realize the wish which day and night is the continual subject of my thoughts." And here he is carrying out his heroic purpose, surrounded by children in every stage of imbecility of body and of mind. He has an assistant who has had experience in the instruction of the deaf and dumb, and "Sisters of Charity" act as nurses. The bodily health is first attended to, and the fresh mountain air, proper food, cold baths and frictions, soon enable those to walk and exert their muscles who on their entrance could not walk steadily or feed themselves, or even could not hold up their heads or move their limbs. As soon as the health is sufficiently improved, education is begun. The ear is first roused by speaking through ear-trumpets, beginning with the vowels. The child is then taught to perform with its mouth the motions required to express the sound, so as to connect the sound itself with the mode of expressing it, so that the pronunciation is by degrees attained. Letters are carved in wood, by means of which the child connects them with the sounds, either by touch or sight. Thus the children gradually form words which they utter. Next common utensils—as knives, keys, &c.—are painted,

and they learn to place the instruments themselves on the pictures. Sometimes, when this process does not avail to fix the sight on an object, marks or letters are figured with phosphorus on the walls of a room, and then the instruction begins, in winter, after sunset, or in summer in a darkened room. And this method often proves effectual, when others fail. Smell and taste also need development, as many would swallow whatever was placed in the mouth, and would pay no attention to any odor. "And when the hour of instruction is over, the benevolent physician devotes himself to their amusement."

A child admitted at two years of age, a senseless mass, unable to hold up her head or move her limbs, was so much improved in bodily vigor, in three months, as to be fit for instruction, and a year afterwards was strong, able to walk, and fed herself, knew all parts of the house, could say her letters and many words of one syllable.

A boy, six years old, when admitted could scarcely walk, could not fix his dull eyes on any object, could not speak, and his only sound was like the cry of an animal. It required a month's constant effort before his attention could be directed to any object. A year afterwards his countenance was intelligent, he could walk, feed himself, and pronounce his vowels distinctly. The first three-quarters of a year was given to bodily improvement only.

A girl eight years old, could neither feed herself nor stand eight months ago. Now she has the full use of her limbs, and education is begun. As soon as they are rendered fit to employ themselves in some manual occupation, and to receive ordinary instruction, they are no longer considered as cretins, but are sent to their homes and to the village schools. Three have already left.

Cretinism is often but not always hereditary. "If a child born apparently in good health does not continue to be well-developed during the first year, it is observed that nutrition first fails, then the powers of speech and walking, and then the arrest of development becomes complete, if the child is not soon placed in the most advantageous situation." Therefore if the disease is to be arrested, the treatment cannot be begun too early, and one of the rules of the Institution is, that none will be admitted after six years of age, but this is not rigorously adhered to.

We have drawn this sketch from a pamphlet by Dr. W. Twining, of London, who personally visited the small establishment on the Abendberg, and became so much interested in the undertaking as to endeavor to awake attention to it in England, and a committee is organized to collect subscriptions.

Although we have ourselves no cretins, yet practically this history may be useful by enforcing the great lesson that cannot be learned too often; that hygienic means, pure air, exercise and diet are the important remedies for restoring muscular strength and nervous energy: that the development of the mental powers is greatly dependent on the due development of the bodily ones, and hence in the weakly or debilitated, the general health must be improved as the necessary preliminary step to education; that inattention in the child to the impressions of the various

senses is often a symptom of deficient nervous energy, and one that is to be remedied by improving the bodily strength, and by awakening the attention of each sense, the assiduous and long-continued application of its own appropriate stimulus; and that this "malady of not marking," this deficient power of attention, so injurious to the strength and usefulness of the mind subsequently, should be regarded not indolently as an almost hopeless mental defect, but as a disease which requires for its cure or improvement bodily as well as mental remedies.

It would be an unpardonable neglect to conclude without strongly expressing admiration of Dr. Guggenbuhl. It is a good thing occasionally to find a man (and one of our own calling), thus giving up his life to an object of pure, unmixed benevolence; sacrificing everything to a "wish which is the continual subject of his thoughts," when that wish is, not success in life, nor mere honors, nor the carrying out of some scientific object, nor any minor hobby such as men are often possessed by, but to raise to the condition of human beings, a body of his fellow-countrymen who have hitherto been consigned to helpless, hopeless idiotcy.—*British and Foreign Medical Review*.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. VIII.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 402.]

To mitigate the chills and rigors, to prevent unfortunate congestions, and to diminish the violence of the anticipated pyrexia, the patient has usually been enveloped in bed, and surrounded, to some extent, with substances made agreeably warm; and some diaphoretic medicine at regular and at short intervals, usually about two hours, administered. Antimonials have generally been preferred. With these, occasionally, has been combined a few grains of Dover's powder, but more frequently, the *pulvis sanguinariae composita*, which has been prepared by substituting *pulv. sanguinariae Canadensis* for ipecacuanha.

To co-operate with these means, warm sudorific beverages have been in frequent doses administered. For this purpose, several of the aromatic plants have been used. The *salvia officinalis* has answered a double purpose, being a salutary gargle and a pleasant diaphoretic draught. When the principal intention has been to promote an agreeable diaphoresis, some of the verticillate plants, as *nepeta cataria*, *hedeoma pulegioides*, &c., have been selected on account of their being more sudorific and less stimulating.

Of the class of diaphoretics, when the principal intention has been to promote a sudorific effect, and by this means to allay abnormal vascular action, no article in my hands has proved equally efficient with the *pulvis antimonialis*. This medicine, to be productive of its most beneficial influence, must be administered in as large doses as the stomach will bear, without the production of much nausea, and repeated as often as every

two hours, for the purpose of keeping a constant and uniform impression. During the sweating process, alternations of temperature, long intervals between, or irregularity as to the time of administering the medicines, serve to defeat the favorable intention designed to be accomplished, by producing an irregularity of action in the human system. The preceding process I have generally continued from twelve to twenty-four hours; and, occasionally, when the complaint has been yielding and not entirely removed, it has been continued forty-eight hours, when the patient has left his bed, and recovered without the use of any other medicine, except a mild laxative. One instance will be sufficient to illustrate this process.

CASE I.—C. Nash, a young man of about 24, had been in a feeble state of health, had the premonitory symptoms, and was seized with a severe chill, and visited in the course of an hour after its commencement. Pharynx and tonsils inflamed, swollen and red; tongue moist, red and slightly coated; throat externally swollen, but not erythematous; pulse 100 per minute, small; no evidence of internal congestion; pain in the head and limbs, not of the most severe kind; countenance expressive of distress; general restlessness. Antimonial powder in doses of eight or ten grains was administered once in two hours, and in the interim of time a diaphoretic beverage was freely used. The patient being placed in a favorable situation for the promotion of cutaneous perspiration, a copious sweat soon broke out, which was continued for twenty-four hours, without any other evacuation. At this time he was greatly relieved, but not convalescent. A moderate action of the dermoid system was continued twenty-four hours longer. A saline laxative completed the cure.

In this instance, the disease was obviously arrested after its accession. The measures used were lenient, sufficient and effectual. More drastic measures might have been equally successful, but in the removal and prevention of disease, the well-known principle "*to cure with the most ease, expedition and safety*," is best.

An objection may be urged that the preceding had no erysipelatous manifestations; and, therefore, was not erysipelatous—an objection, however, which it is presumed will not be advocated by those who have had much experience in epidemic visitations. Epidemic erysipelas at the time was generally prevalent; and as cases which ultimately became most decidedly erysipelatous by the local pathognomonic symptom almost universally commenced in the same manner, the inference is certainly justifiable. From similar premises analogous deductions are constantly made. The morning twilight can hardly be said more certainly to portend the coming sun, than instances like the present, at such periods, the true character of the affection; nor do the chills, rigors and pyrexia of rubeola and rosalia, during epidemic visitations of these complaints, more surely portend the coming disease before the diagnostic local manifestation is developed.

Experience has convinced me, contrary to the general opinion entertained, that the *James's powder*, or the *pulvis antimonii compositus*, of the London College, is a better agent to promote diaphoresis, and less

apt to provoke emesis, in most entonic cases, especially those of an erysipelatous kind, than any portion of tartarized antimony, however varied in quantity or regulated in relation to time of administration. To be effectual, it should be administered in doses sufficiently large to excite nausea, or, what is to be preferred, just short of that unpleasant impression. As the article is subject to great diversity in regard to its strength, probably on account of the different proportions of the sesqui-oxide of antimony contained in the different specimens, it is best, on commencing the use of any untried portion, to give ten or fifteen grains to test its efficacy; if it provokes puking and sweating, the medicine is tolerably good, and may subsequently be used as circumstances require, with more assurance of success. It is to be regretted that this valuable pharmaceutical agent should have been expunged from the American Pharmacopœia by the U. States Medical Convention. It is retained by all the British Colleges.

Venesection.—In all cases when there has been exalted vascular action, venesection has been found of the utmost consequence. Indeed, its demand in some instances has been so imperative, that it is certain without it no subsequent treatment would have been of any avail. As soon as the hot stage has been fully formed, in some instances at the onset, the circulatory system has been found in a state of high excitement; and in such cases bleeding till a distinct impression was made on the pulse has been premised and found most salutary in the results. And in those cases where local hyperæmia existed, the demand for this operation has been doubly imperative. These positions will be best illustrated by the relation of some cases in which each of these conditions actually existed.

II.—J. Hammond, whose wife and several other members of his family had sickened during the past week with the prevailing epidemic, was attacked June 10th, 1842. After the ordinary chill and incipient indisposition, there ensued violent pyrexial action, which was manifested by the severity of the pain in the back, limbs, and more especially in the head, accompanied with a hot skin, tense pulse, tongue and throat swollen and red. I immediately bled him to the amount of twenty ounces, gave liberal doses of antimonial powder, &c. The violence of the pyrexia was subdued, the pain was much relieved, a copious sweat followed, but the disease continued. The bowels were moved with a mild cathartic. On the second day the erysipelatous affection of the throat and tongue migrated to the external surface—it gradually traversed the whole neck, face and head, separating the scarf from the true skin as it peregrinated. On the ninth day he was convalescent.

III.—O. Seymour, Esq., having had for several days the premonitory symptoms of the prevailing disease, such as a catarrhal affection and inflammation of the pharynx, &c., for which I had prescribed, was suddenly seized, January 12th, 1842, with a hard chill, severe dyspnœa, tension and pain across the chest, to such a degree that he could not lie down or refrain from loud groans at each respiratory effort. The extremities were cold, the countenance ghastly, and the pulse fluttering to the amount of 130 beats in a minute, small and slightly tense. By auscultation no respiratory murmur could be detected only at the upper portion of each

lung, and here the ronchus was distinctly vesicular, or the moist crepitous. By phlebotomy at least sixteen ounces of blood was drawn. The pulse became less rapid and more soft, the breathing easier, and he was soon enabled to endure a recumbent position. Stimulating epithems were kept on the chest, and the ordinary measures to control febrile action were adopted. As a cough ensued and a mucous chocolate-colored expectoration followed, demulcent substances were used in the form of mucilaginous beverages. Convalescence became, on the seventh day, established.

These two cases afford brilliant illustrations of the benefit of bloodletting in this disease, either to subdue high febrile commotion or local engorgement. The case of O. S., under ordinary circumstances, when no epidemic of a specific character was prevailing, might have been regarded as simply pneumonia with a congestion of the lungs to a considerable extent; but occurring as it did with the same premonitory and incipient characteristics that distinct cases of the epidemic erysipelas, with which it was everywhere surrounded, possessed, a doubt can hardly be entertained that its true character was erysipelatous. This conclusion receives confirmation from the fact that at about the same time, several other cases, in the immediate vicinity, which were clearly erysipelatous, had their principal location in the lungs, two of which proved fatal. In this whole region, wherever the epidemic has occurred, it has often assumed the character of pneumonia. The same is true in other places. Dr. Sutton, of Indiana, often found it in the form of pneumonia. He thus remarks:—"These two diseases have been so intimately connected in my practice, and wherever I can hear of the epidemic prevailing, that it has been a question with me, whether the last was not pulmonic erysipelas. The premonitory symptoms in each disease were alike; the character of the fever in each was the same; it was often the case that one form of the disease changed into that of the other; and we frequently had, in different members of the same family, the two forms of the disease at the same time."

(To be continued.)

FRACTURE OF THE CLAVICLE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A proposed change in the *point d'appui* of the suspensory roller, in Desault's plan of treating fractures of the clavicle, forms the burthen of an article in No. 15, Vol. XXX., of this Journal. The modification is, I think, a good one, and naturally suggested by a practical knowledge of the deficiency it is well calculated to remedy. The suggestion is hardly an original one, however, since nearly or quite the same advantage is gained by surgeons in the country, who pretty generally use a handkerchief, as a sling, in the place of the nine-yards-long roller of Desault. They first apply the cushion and transverse bandage to *extend* the shoulder, and complete the dressing with a handkerchief, applied on the neck and under the shoulder and forearm to *elevate* it. Perhaps the following manner of applying the handkerchief is the best. After folding it by

bringing together two opposite corners, the forearm is laid transversely across it at the middle ; its long side, when folded, being made to correspond to the affected side of the body, and to extend a few inches over the elbow and arm proper. One end is then carried in front of the arm and chest and over the affected shoulder, and the other under the arm and over the sound shoulder, both being then brought together on the back of the neck and secured by a knot. A piece of tape in front will secure the handkerchief as close to the neck as may be desirable. With the handkerchief the *point d'appui* is the same as with the roller applied according to Dr. Cox, and both are improvements on the roller applied according to Desault. It is proverbial that surgeons in the country effect better cures in fractures of the clavicle than hospital surgeons, who have rollers and bandages always at command, and who carry out Desault's method to the letter. This is probably in consequence of their adoption, out of convenience or necessity, a plan of elevating the shoulder, which more justly fulfils the true indications of the case than that usually recommended in the schools.

Upwards of a year ago, during a visit to Maine, I became acquainted with Dr. Hill, of Augusta. While I was with him, he showed me a *splint* he had devised to secure the quiet coaptation of the fractured extremities of the clavicle. It was made to cross the shoulders and project beyond them on either side, in a manner similar to the yokes porters make use of to carry heavy buckets. The end of the splint over the sound shoulder was secured firmly in its place, which it may readily be seen could be easily accomplished. The back of the neck served as a sort of fulcrum. Making use of the splint, both as a lever and as a widener of the shoulders, it will be comprehended at a glance that the affected shoulder could be raised, extended and held back to any degree desirable. This splint gives entire command of the position of the shoulder, and if this is its *chief* advantage it is not the only considerable one. The firmness of the splint dressing and the immobility of the shoulder it gives, establishes its pre-eminence over every other heretofore devised to meet the case. No species of ribband dressing can be contrived that will retain a long bone, broken near its middle, in a right line and immobile, conditions so essential to a rapid and perfect union. Dr. Hill had, at the time he showed me his splint, repeatedly submitted it to the test of practical service, and he assured me that it met the indications of treatment infinitely better than the common methods, the great inefficiency of which had given rise to his invention. He had published no account of it, assigning, as a reason, that he had not sufficiently perfected it to place it before the profession, nor have I seen anything in relation to it since that time. By this communication I wish to give to surgeons a general idea merely of a real improvement, original in its nature entirely, and striking at the root of the defects of all former devices to attain the same end. It is my desire also that this notice shall elicit a detailed account of this contrivance from its author, accompanied by the directions his great ingenuity and experience have suggested in its practical application.

Lynn, 6th mo. 26th, 1844.

C. H. NICHOLS.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 3, 1844.

Quackery in the Massachusetts Medical Society.—The correspondent who makes some severe criticisms on the requirements of the Massachusetts Medical Society, and its enforcement of penalties in cases of infractions of some of its rules, is not wholly original in his views. Others reason as he does on the legislation of the Society. According to our friend's hypothesis, some of the members may transgress, with impunity, almost any rule, and violate certain wise provisions in the by-laws against quackery, just about as much and as often as they choose; while others, for a single sin against the dignity of medical propriety, are hurled into non-entity by an outraged association. He brings up the old threadbare story of Dr. Bartlett's expulsion, which is designated a *great act of littleness*, and also the casting out of Dr. Starkweather, the manufacturer of a nostrum for diseases of the liver. If the Society absolutely enforced its laws equally towards all those who deal in secret preparations, the writer would, he says, be perfectly satisfied. But there are several Fellows, he intimates, whose standing, were their modes of practising investigated, would be in slippery places. They pay their annual tax of three dollars, take the provided book, dine over the rail-road depot in excellent spirits, join with the whole table in denouncing quackery, and yet they live in glass houses. How many members are there of the Massachusetts Medical Society, asks the querist, residing in Boston, who have no more right to its honors and privileges than Dr. Bartlett or Dr. Starkweather? We do not pretend to know, nor have we much taste for gathering the statistics of empiricism. If a committee of the council were directed to report the names of gentlemen who prescribe nostrums, they certainly would make Felix tremble.

Our motto is, *peace*; let those war, who love the excitement of being at swords' points with all who happen to deviate from their standard. If some people prefer secret drugs or secret preparations, from irresponsible hands, let them have them. The world is large enough for us all; and since some individuals have a special liking to certain preparations, it is useless to interfere with their right to take or not to take them. If physicians, who might be respectable, had rather dabble with nostrums than maintain that position which confers true character on the profession of medicine, why interfere with their downward tendency? Let them find that level which they court, that men of learning and skill may stand out the more conspicuously, to the admiration of such as appreciate true merit and the acquisitions of science.

New Hampshire Asylum for the Insane.—In connection with the reports of the Visitors and Trustees, just published, is Dr. Chandler's second communication to the Legislature, dated June 1st, 1844. The Board of Visitors, in their returns, express much gratification with the general aspect of the institution. It is their belief that the duties of all persons connected

with the Asylum, have been faithfully and efficiently discharged. The Board fully concur with the Trustees in the belief that an additional building is needed for the more violent, noisy and dangerous patients. If an addition so necessary is not provided by the Legislature, it will certainly redound to the discredit of that body. Nothing could be more preposterous than to congregate a great troop of lunatics together, and require that they should individually receive all the attention which their peculiarly unhappy condition requires, according to the present acknowledged code of humanity, and yet withhold the conveniences upon which their comfort mainly depends. Of eleven asylums for the insane in different parts of the United States, including lands, buildings, furniture, &c., the New Hampshire asylum, at Concord, has actually cost but little more than one quarter of the average of the others, for each patient they will accommodate—and one third less than the cheapest! The administration of the internal government was confided to faithful hands. Dr. Chandler was one of Dr. Woodward's favorites. He served a long but pleasant apprenticeship at the Worcester Lunatic Hospital, where he imbibed those habits of domestic economy, that skill in prescribing, and that tact for governing the insane, for which Dr. Woodward is unrivalled. Having made these general preliminary remarks, without commenting on the statistics of his practice, some extracts from the report may hereafter be introduced into the Journal.

Wounds of the Intestines.—Those admirable observations of Dr. Gross, of the Louisville Medical Institute, on wounds of the intestines, which have heretofore appeared in medical journals, have now taken the form of a good-sized octavo, and are illustrated by engravings. The author says that "a monograph on wounds of the intestines has long been an acknowledged desideratum in our surgical literature. The work of Mr. Travers, the only production of the kind in the English language, has been out of print upwards of a quarter of a century, and hence the only information accessible to practitioners, especially in the United States, is such as is to be found in the various periodicals of the day, in the transactions of societies, or in our systematic treatises on surgery."

The experiments on which this treatise was based, were commenced in the early part of 1841, and continued, says Dr. Gross, with various intermissions, until the close of 1843. In no other modern production on surgery are there more important subjects considered than in this very carefully written book. The principal one is the treatment of wounds of the intestines, which is extensively considered in this publication, and disconnected with anatomical or physiological inquiries. Thus protrusions of the bowel, of the omentum, transverse, oblique, longitudinal and all other forms of injuries of the intestinal tube, are so plainly explained, and the process of management so minutely detailed, that it seems quite impossible not to be made wiser by an attentive perusal of the rules of practice it forcibly inculcates.

American Cutlery.—From an early age, we have been accustomed to suppose that all surgical instruments worth having, or at all to be relied upon, must be manufactured in England. Very much the same feeling is still indulged by some surgical operators, who are still influencing, if

not occasionally controlling public opinion in regard to this subject. There are scores of practitioners who imagine that Evans's lancets are the only kind to be relied upon, on account of the superiority of the stock and temper. So it is also with respect to ophthalmic instruments. Those who have taken pains, however, to inform themselves about the manufacture of American cutlery, know that the English artist cannot produce any cutting instruments superior to those produced in New England. Passing over the reputation acquired by those who exclusively make ordinary cutting tools, as axes, plane-irons, chisels, &c., it is admitted by competent judges, that all the finer and more delicate class of cutting instruments, such as are used by dentists, aurists, oculists and general surgeons, equal any that are made in the world.

Mr. Hunt, at the corner of Water and Washington streets, Boston, has made such rapid and ingenious advances in the fabrication of surgical instruments, that it is a treat to visit his well-kept establishment, merely to examine the curiosities in the show-cases. For beauty of finish, and perfection in shape, durability and adaptation to the use for which each and all were designed, Mr. Hunt's collection is unrivalled. His workmen both mend and make to any pattern, with a despatch too that is gratifying when one is in haste. It does not become us to urge our country friends to look in upon this full store, since they are always ready to avail themselves of such facilities as are offered to them in this laboratory of all sorts of tools new, old, strange and crooked in the art chirurgical. Mr. Hunt's charges are likewise reasonable, and it is to be hoped that he may never lack that patronage to which he is fairly entitled.

Medical Degrees.—At the late commencement of the Vermont Medical College, Woodstock, degrees were conferred on the following graduates : Ira H. Abell, *St. Albans* ; Ammi P. Barber, *Enosburgh* ; James M. Barnes, *Bakersfield* ; Norman W. Braley, *Pomfret* ; Josiah S. Brigham, *St. Albans* ; Riley W. Carpenter, *Unity, N. H.* ; R. G. W. English, *Woodstock* ; Frederick A. Garfield, *Glover* ; Charles H. Hall, *Burlington* ; Chauncey M. Hulbert, *E. Berkshire* ; Nathaniel Jenks, *Burke* ; Cyrus K. Kelley, *Gilmanton, N. H.* ; Luke Miller, *Peterborough, N. H.* ; Luther B. Morse, *Chelsea* ; James M. Mussey, *Randolph* ; Charles H. Osgood, *Portland* ; Leonard W. Peabody, *Newport, N. H.* ; Hannibal Porter, *Rutland* ; James Robbins, *Chester* ; Robert H. Tubbs, *Elkland, Pa.*

The honorary degree of Doctor of Medicine was conferred on Dr. James A. Gregg, of Hopkinton, N. H.

TO CORRESPONDENTS.—Q. E. D.'s communication has been received. If inserted, we must omit the first few lines of the first paragraph, and also one or two in the last paragraph. If he objects to these omissions, he will please give immediate notice.—Dr. Deane's report of a case is also received.

DIED.—At South Canaan, Conn., Dr. Enoch Root, 68.—At Louisville, Ky., Dr. Galt, by being thrown from his carriage, while riding with his children.

Number of deaths in Boston for the week ending June 29, 43.—Males, 28 ; Females, 15. Stillborn, 7. Of consumption, 7—fits, 1—disease of the chest, 1—delirium tremens, 1—infantile, 1—drowned, 2—old age, 2—lung fever, 1—apoplexy, 1—dropsy in the brain, 4—sudden, 1—inflammation of the lungs, 1—throat distemper, 2—teething, 1—scarlet fever, 6—accidental, 1—paralysis, 1—typhus fever, 1—disease of the heart, 1—disease of the kidneys, 1—menstrual, 2—dropsy, 1—marasmus, 1. Under 5 years, 19—between 5 and 20 years, 4—between 20 and 60 years, 15—over 60 years, 5.

Veterinary Medical Association.—On Monday evening, May 20th, a numerous body of members of the veterinary profession met together at the Freemasons' Tavern, at the invitation of Mr. Morton, the lecturer on Chemistry in the Veterinary College, and able editor of the Transactions of the Association, to participate in the first enjoyment of a scientific conversazione. This is the first meeting of the members of the profession since the acquisition of the honors of a royal charter. The tables were covered with a most valuable collection of morbid specimens, newly invented instruments, and professional curiosities, which were explained by the professors of the college, and gave rise to much animated and agreeable conversation. Mr. Ellis, of University College, gave a very interesting account of new discoveries in the process of detecting arsenic in cases of poison, and exhibited his new instrument for effecting that purpose. Much interest was excited by the demonstration by Mr. Erasmus Wilson, of the *acarus equi*, the mange animal of the horse. Mr. Wilson compared this animal with specimens of the itch animalcule, and exhibited the entozoon folliculorum, which he recently found in the horse and in the dog. Among the microscopes on the tables we observed that of Mr. Varley, for which the gold medal was awarded recently by the Society of Arts. This microscope is remarkable for the multiplicity of its applications and for the curious and beautiful machinery of its stage movement.—*London Lancet*.

Criminal Lunatics.—The hon. member for the city of Lincoln, Col. Sibthorp, has moved for and obtained a return of the number of criminal lunatics now under confinement, specifying the name, age, and sex of each person, the place of confinement, the nature of the offence committed, and the period at which such confinement commenced. The following appear to be the results:—The number of criminal lunatics at present immersed within the various gaols of Great Britain amounts altogether to 118, the crimes committed by whom, whilst laboring, we suppose, under "morbid delusions," comprise all sorts of offences, both against the person and against property, including murder, arson, burglary, rape, cutting and maiming, assaults, &c. One man, named David Davis, is confined in consequence of having fired at Viscount Palmerston, M.P., in the year 1818. The number of criminal lunatics now confined in lunatic asylums in the different counties of England and Wales amounts—in Bedford to 3, in Chester to 11, in Cornwall to 8, in Devon to 6, in Dorset to 2, in Durham to 6, in Gloucester to 10, in Hants to 4, in Herts to 1, in Kent to 7, in Lancaster to 17, in Leicester to 4, in the licensed asylums of this metropolis to 22, in Norfolk to 1, in Norwich to 2, in Notts to 4, in Oxford to 2, in Salop to 3, in Somerset to 4, in Stafford to 2, in Suffolk to 6, in Sussex to 1, in Warwick to 2, in Wilts to 8, in Worcester to 3, in York (west riding) to 3, and in York (east riding) to 2. The return does not give any particulars respecting Wales.—*London Times*.

Patent Medicines in England.—A return to an order of the House of Commons, dated May 9, 1844, gives the following as the annual amount received in the last ten years for stamps issued for patent medicines, the sum of 301,894*l.*, being, on an average, about 30,190*l.* a year. The amount was, in 1843, 2061*l.* less than in 1835, the first year of the ten for which the return was made.—*London Lancet*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JULY 10, 1844.

No. 23.

POLYPUS IN UTERO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was recently invited to visit a lady who was represented to be suffering the extreme results of excessive hemorrhage from the womb. She informed me that her age was 42 years; that she was the mother of several children, and had miscarried frequently. Eighteen months ago there occurred a discharge of bloody clots, which continued at frequent intervals until June, 1843, when she was seized with profuse flooding and sharp pains, resulting, as she believes, in the expulsion of a considerable body from the uterus. There were subsequently six or seven repetitions of frightful hemorrhage, and a constant issue of depraved secretions. She said her previous health was vigorous, and the integrity of the physical and vital organizations appeared to have been unimpaired.

She was bloodless and anasarous in her appearance; her pulse was quick and irritable; her strength exhausted; and her spirits dejected, from the apprehension of inevitable death. It was found, upon manual examination, that the pelvic cavity was completely filled with a smooth round tumor pressing hard upon the perineum. Its magnitude prevented exploration beyond its presenting part by contact of the finger, but with an appropriate instrument it was ascertained to have an attachment to the left region of the fundus uteri, and the os uteri being nowhere detected it was presumed to be obliterated by the dilating action of the morbid growth. From a careful investigation it was deemed to be a polypous enlargement, and the conclusion was, that the safety of the patient hung upon its speedy and successful removal.

With the approbation of her attending physician, Dr. Puffer, and also of my brother, I applied a ligature to the junction of the tumor with the uterus, and upon constriction the included portion proved to be thick and firm, and to be nearly destitute of vital sensibility. The ligature was daily adjusted until the eleventh day, when the canals were liberated. During this period the discharges were excessively profuse and foetid, and the degree of physical prostration greatly aggravated.

The detached tumor was not removed without difficulty. To deliver it by manual exertions being impracticable, and moreover, the traction of instruments applied to its superior part increasing its lateral proportions,

various expedients were successively tried to effect its liberation, which was finally accomplished by the assistance of a strong hook thrust deeply into its substance. Yet with this controlling power, it required much patient address to overcome the resistance to its passage.

Its figure was an ellipse somewhat flattened, and its place of attachment to the uterus corresponded to one of the foci, and was larger than a dollar piece. Its transverse and conjugate diameter respectively measured six and four inches, and it weighed nearly two pounds. Its form was so modified by compression that it was without a prolonged stem, the divided surface being uniform with its general outline. Its superficial appearance was fibrous, nearly resembling the columnæ carneæ of the heart, and its internal structure was also exceedingly dense, strong and fibrous. There was no cavity.

The uterus had apparently suffered but little displacement, as was manifest from the circumstance that the ligature was applied eight inches beyond the genital fissure.

It is hardly needful to say that recovery was rapid and complete.

I am, dear Sir, yours very respectfully, JAMES DEANE.
Greenfield, June, 1844.

AUTOPSY OF N. G. TROW'S FINAL REPLY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having been present at a part of the proceedings connected with the *post-mortem* examination of the Hon. Joseph Griswold, where Dr. Knowlton was not, in conjunction with Dr. Toby I published a short note in relation to it, not intending to go into particulars unless farther circumstances should render it necessary; but as I am implicated in the "Final Reply" more than once, I deem it incumbent on me to respond, lest my silence should be construed into acquiescence. I therefore propose to review the discussion; to show how it commenced, how it has been prosecuted, and how it now stands. In the course of this analysis I shall be obliged to speak plainly of errors in Dr. Trow's communications—errors which charity would lead me to hope were the effect of ignorance alone. Having waited for the smoke to clear away after the recent Buckland explosion, the noisy report proves to be much like that of a bottle of small beer just on the point of souring. The cork was sent out with a very spiteful, but exceedingly harmless, whiz. There was much effervescence, a great deal of froth, and—nothing more. So, too, was it with the fraternal yoke-fellow of the "Final Reply"—the preceding egg laid by the same "small goose," as I hope to make evident in pursuing the autopsy.

At the consultation which succeeded the examination of the Hon. Jos. Griswold, Dr. Knowlton, who had thought there was a carcinomatous affection of the stomach, was the first to speak. He said, in substance, that the stomach appeared healthy, which many of Mr. Griswold's symptoms had not led him to expect; but that his diagnosis had always been

given with a knowledge of the obscurity of the case, and that at no time did he pretend to be positive, except as regarded the non-existence of important organic cardiac disease; that the heart appeared quite as healthy as could be expected in a person as old as the deceased, and considering his long sickness; that the little ossification claimed was not anything which could obstruct the passage of the blood or impede the heart's action—it was nothing which would account for the symptoms under which Mr. Griswold had labored, or explain the causes of his death; that there was no effusion—no important disease of the heart. On the other hand was an organ greatly diseased, which no one had designated, or which, if abnormally affected, he had supposed would be so in connection with the stomach—this was the pancreas. The organ was in a complete state of degeneration, closely adherent to the duodenum, and obstructing the passage of bile from the cystic duct. In the pancreas he thought was the true origin of the difficulty, the cause of the man's complaints, and of his ultimate death. Being in a great hurry, Dr. Knowlton withdrew immediately after he had concluded speaking. All the physicians, it must be borne in mind, were acquainted with the respective opinions which had been entertained by Trow and Knowlton, and the first being present among them, common politeness would influence every one to speak in such a manner as to offer no painful violence to his feelings. This, too, would naturally have weight with the "four medical gentlemen" with whom he took pains, as he himself informs us, to "converse personally." Dr. Deane, of Colerain, was the next to speak. He said emphatically and distinctly that nothing had been discovered about the heart which would explain Mr. Griswold's death, or account for his symptoms, and that he (who, with a good reputation, has been in active practice for thirty years, and witnessed in that time many *post-mortem* examinations of the thorax) *never saw a more healthy heart taken from a man of Mr. Griswold's age!* The pancreas, he declared, was clearly and extensively diseased; but that as he had been informed there was a paralytic affection, more or less extensive, during the very last portion of the life of the deceased, he thought we must look other wheres for the immediate cause of his death. Dr. Strong, of Heath, next gave his opinion. He assented to the statement that there was not that affection of the heart which would account for Mr. Griswold's symptoms, or to which we could attribute his dissolution. He also said the pancreas was evidently diseased, although he was not prepared to designate the particular transformation it had undergone. Considering the state in which the deceased had lately been, he was inclined to look at the brain as the fountain of a good deal of the difficulty. Dr. Trow, of Buckland, author of the "Final Reply," was the next to speak. He had unreservedly pronounced Mr. Griswold's complaint "a disease of the heart," or, as he many months afterwards deliberately defined his diagnosis (*Boston Medical and Surgical Journal*, Vol. XXX., p. 155), "positive structural disease of the heart and its valves, probably the aortic," and perhaps "hydro-pericardium," but no "structural disease of any other organ." He commenced by thanking the physicians for at-

tending, and after some time spent in that, came to the case in hand. He said he would acknowledge there was not that effusion he anticipated in the chest or in the pericardium. He had, however (of course!) found things about as he expected. He said not one word about the pancreas or brain—not one word. He had not then the advantage of Dr. Knowlton's report and seven months' reflection on the case, or careful consultations of authorities with reference to maintaining his compromise hypothesis, nor, I more than suspect, the convenience of that record of symptoms and treatment with which he graced the pages of the Boston Medical and Surgical Journal on the 27th of March afterwards. It would have puzzled him, as I think, to have then produced that medical log book. It came to light about the same time he modified the diagnosis which was really his own, by adopting the opinions of another practitioner, and was the result of a determination to get up something to meet the approbation of some of his brethren, from whom he wanted aid in the shape of certificates. He knew their rejection would attend his diseased heart standing unbolstered by the opinions of others—opinions that he added, as grocers throw small shot into a pair of scales in order to adjust them. At any rate, such was the substance of what Dr. Trow said at the time. Dr. Bates, of Charlemonst, was the next who spoke. As Dr. Taylor (who had not chosen a location, and I believe officiated as a sort of factotum to Dr. Trow), had formerly studied with Dr. Bates and taken charge of his business during an absence of several months, I somewhat expected his former preceptor would wish to save the second reporter as much as he could without doing injustice to others; but whether these considerations had any influence or otherwise, Dr. Bates plainly declared that the state of the heart would not account for Mr. Griswold's death or symptoms: he agreed with Dr. Strong about the brain, and admitted the extensively-diseased condition of the pancreas, the precise nature of which he did not pretend to particularize. At the request of W. Griswold, Esq., I next gave my opinion of the case, and was the last who did so. I said that I fully coincided with Dr. Deane respecting the heart, and that what had been called ossification I considered wholly inadequate to account for the symptoms or death of the deceased; that there was nothing to prevent the egress or ingress of the blood, nothing to hinder the action of the heart; that his disease was of long standing and had been preying upon him for years; that I considered the degenerated and adherent pancreas the cause of his decease; that structural alteration of that organ would radically affect the whole process of digestion; that the pancreatic fluid being changed in quality and quantity, would, in its turn, affect the chyle to be absorbed by the lacteals; that the different functions of the animal body, all proceeding in a circle, and each having an important bearing on the other, and all sooner or later participating in the abnormal performance of any one of them, the blood would be changed in quality also, and that being deteriorated the entire body would grow more and more deranged till death closed the scene. This explained all, I averred. I did not deny that there might have been functional derangement of the heart. It would have been

strange if there had not been. I also said I thought there was, during the last period of Mr. Griswold's life, an affection of the brain—such an affection as exhaustion produces—such an affection as imperfect sanguification must inevitably draw in its train—a similar affection, in fact, to what physicians observe in the hydrancephaloid disease.

Such is a plain, unvarnished statement of what transpired in the consultation room, and all readers may judge how far important disease of the heart was demonstrated. Here the matter would have remained, but for the conduct of Trow, Taylor & Co. They immediately pretended that the opinion of Dr. Trow in the case was fully borne out by the examination, and was for him a great triumph and victory. When I learned that this was the fact, I informed Dr. Knowlton of it, and told him it was his duty to report the case. Some time afterwards he did so, waiting a while that Dr. Trow might perform the act if he supposed the autopsy redounded to his credit, or felt urged by "a sense of the obligation which rested upon him to do what he could for advancing the interests of our profession!"—(Boston Medical and Surgical Journal, Vol. XXX., p. 154.) More than a quarter of a year elapsed and Dr. Trow had given no other publicity to the case than that I have mentioned. Then Dr. Knowlton reported it for your paper, and it was as a subscriber to your Journal that I first saw it. I was surprised at the singular moderation and lenity with which the second reporter was treated. Let the readers of this paper turn back to that article (Vol. XXIX., p. 359 *et seq.*), and they will find no personalities to condemn, no ill temper of which to disapprove, no illiberality upon which to animadvert, no arrogance to censure, and no assumption of medical infallibility to blame. Dr. Trow's name is mentioned but once, and there is not even an allusion to him in an invidious manner. He is not placed in a position derogatory to him as a citizen or professionally. With that frankness which can afford to be in an error, and which little minds never feel, Dr. Knowlton did not hesitate to write the entire truth. And all this with a knowledge of the versions of the matter given by the Buckland trio. Here again the case rested, and was nearly forgotten, and would never have been revived but for the restless consciousness of Dr. Trow that he was in the wrong. His report was captious and ill tempered, to say nothing of its other errors. He does not give Dr. Knowlton's report as a reason for writing, though that gentleman had sent him a copy. He pretends it was the interests of "our profession" that actuated him—"good, honest man!"—yet, without mentioning that such a paper was in existence, he makes statements only to be understood in reference to the first article on the case, thus showing that private and not public reasons brought him before your readers. His last communication commences by speaking of the "spirit" of "the articles in Vol. XXX., No. 12." Conceding, for a moment, the implication, I would ask who first displayed the "spirit" of which he whiningly complains? Not Dr. Knowlton. His first report was not written to injure Dr. Trow, but to sustain the truth. He was careful not to place Dr. Trow in an invidious position. Compare that article with the reply to it. In the latter lucubration we see crimination and abuse.

The "Final" was imbued with a worse temper, and manifested greater virulence than even his first article. These circumstances show that an improper "spirit" appeared from the first on the part of the second reporter, and that it is still continued.

Let me now crave the indulgence of yourself and readers, while I more particularly examine Dr. Trow's statement of symptoms, treatment, and the like. In his note book, so suspiciously supplying a pressing desideratum, he claims that in April, 1843, he pronounced Mr. Griswold's complaint "positive structural disease of the heart and its valves," with probable "hydro-pericardium." And what was his treatment? Was it venesection, low diet, depletion—was it the "abundant and repeated abstraction of blood, both general and local," which the best authorities (Tweedie's *Library of Practical Medicine*, Vol. II., p. 542) declare the more acute stage demands? Did he even employ the "small venesections or leechings," the "absolute rest," the "low scale of diet," the "cautious induction of slight mercurial action," which we are told (*Library of Practical Medicine*, Vol. II., p. 543) are our "chief resources" in the chronic stage? Did he exhibit colchicum or digitalis, or did he ever resort to counter-irritants? I do not make these inquiries so much to show that Dr. Trow would not know how to treat a case of diseased heart if he had one, as to show that his medical diary has the bump of ideality largely developed, and that he did not wish to acknowledge bleeding because he knew it had been thought Mr. Griswold had been injured by it. We see that he denies it, and *candidly* talks of "filling his boots with sinapisms." In seeking to avoid Charybdis he has run upon Scylla, to use the language addressed to Darius in Gualtier's old play of *Alexandreis*:

"Incidis in Scyllam, cupiens vitare Charybdim."

But it seems that even when Mr. Griswold's disease of the heart was, in the estimation of his physician, so far advanced as to cause "œdema of the feet and limbs," he *promised him recovery!* for according to his own story (*op. cit.* Vol. XXX., p. 155) Mr. Griswold then told him, "I must believe you that I am going to get well." Believing that he had aortic valvular disease, he "prognosticated favorably," (*ut ante*, p. 332), when if his own knowledge did not advise him of it, a little reading would have informed him that the complaint upon which he had pitched was "one of the most formidable of cardiac affections" (*Library of Practical Medicine*, Vol. II., p. 539). With such a disease of the heart, too, how could he suffer his patient to "stay in the field from morning till night;" to be "working at planting, driving team, going to mill, &c.?" Was not this contrary to all propriety, and to all pretension to medical knowledge? These are but a few of the inconsistencies of his diary. Every crotchet that entered his head, while he was writing out, led him too far, as an *ignis fatuus* commonly leads those who follow it into a miry bog. In this journal, so happily ready when wanted, Dr. Trow's anxiety to "delineate a very grave assemblage of symptoms" that should be "alarmingly formidable" to "our profession" (*ut ante*, p. 331), some-

times makes him forget himself; for how will disease of the heart account for a phenomenon like this—"pulse in the left HAND full and strong, and in the right [*hand?*] very weak?" (See *ut ante*, p. 331.) This remarkable dissimilarity was undoubtedly detected by the "nurses and watchers" to whom he appeals with such a tone of importance in his "Final," and to whom the pulse in the *hand* was most likely extremely familiar.

Dr. Trow endeavors to evade the obvious inference, arising from the absence of serous effusion, by giving a so-called relation of the case of Dr. Emerson—a case having no sort of resemblance to that of Mr. Griswold. Nor can he let the occasion slip without gratuitously styling Dr. Winslow "my friend," thus endeavoring incidentally to use that gentleman's well-earned reputation as a shield for himself. The professional readers of this Journal can readily judge whether a person long laboring under "hydro-pericardium" and "positive structural disease of the heart and its valves," with "thorax in the region of the heart decidedly enlarged," the "*head sometimes moved by the violence of the heart's action*," "rasp-like sound perfectly distinct," "a sense of impending suffocation," "countenance *pale*, bloated, *livid*," "feet and legs œdematous," and "sound on percussion dull"—whether with this assemblage of symptoms (*ut ante*, p. 154, 155), one would not expect to find serous effusion? But Dr. Trow *did* expect to find it, he prognosticated it, and declared at the autopsy he had not anticipated its absence. In order, however, to stave off attention from this fact, he asks if his treatment was not calculated to carry off the effusion, and says he "*reported the gradual recovery of the patient while in his hands*" (notwithstanding the "positive structural disease")! Upon his treatment I have already commented; but admitting the disappearance of the effusion—what then? He is no better off, for Dr. Gerhard says expressly, and his words truly embody the sentiments of other authors of the subject, "if it be removed, the relief of the patient is but temporary." Dr. Darwall says (*Cyclopædia of Practical Medicine*, Vol. I., p. 100), "In *ALL chronic diseases of the heart*, anasarca ensues towards the termination of life." Dr. Dunglison says, on the same page, in brackets, that "the most common cause of dropsical infiltration unquestionably is, an impediment to the circulation of the blood, consisting frequently in a morbid condition of the valves"—the very state claimed by Dr. Trow. So we should still have had effusion—we should still have had the œdema, for Dr. Knowlton never pretended to treat for any organic cardiac affection, and therefore all its consequences would have had an uncontrolled course; yet not only were hydrops pericardii, hydrothorax, and all traces of them absent, but during the last three months of his life, *there were no dropsical infiltrations*, thus stamping Dr. Trow's diagnosis as grossly incorrect. He clinches this conclusion: he tells us (*op. cit.* p. 157) that the "lungs were sound," that there were "no adhesions," and that the "pericardium was natural." He well denominates his tenacity, in adhering to his cardiac notions, by calling it a "death-like grasp." I do not expect him ostensibly to abandon it while a coterie, be it never so small, can be found to give it cre-

dence. But though to give up a diagnosis propounded with such "solemn conviction" might compromise his infallibility, there was still a loophole left, which was to add disease of the brain, &c., and in this way secure apparent countenance from one or two others. Knowing he *said* nothing of this at the autopsy, in his "final" he says he was so convinced of it that he "did not *raise* the question!" In truth he did not. As to his convictions within "the very *soul* of the nervous system," as he metaphysically and intelligibly styles the brain, it is highly probable it was so. There are some rare geniuses who know everything before hand, whose extraordinary prescience prevents so vulgar an occurrence as surprise, and who invariably find matters "about as they expected." I do not know a better expression to designate that professional duplicity which resorts to a thousand disingenuous shifts and modifications to avoid acknowledging an error, than *tergiversation*. It is true that Dr. Trow interrupts himself to say, "Tergiversation is certainly a bad word." He was then speaking "as unto wise men," I suppose, and could venture to be a little enigmatical. If by "bad" he means that it is a "naughty word," such as mothers forbid their children to speak, I have yet to learn that it is prohibited either in the decalogue or the New Testament. By consulting Johnson, Richardson or Webster, he will find it is a grammatical and legitimate English word. In saying another individual did not resort to tergiversation, it was correctly employed, and in calling it "bad" Dr. Trow showed himself as poor a linguist as diagnosticator. In his description of the heart after death, and not he alone, but Dr. Bates, Dr. Taylor, and the "pupil, I. Perry, A.B.," all talk in general terms of ossification of the semi-lunar valves, but without saying *how much* ossification. The truth is, one of the physicians present by turning the *valves*, if the word should be used in the plural, over his finger and making them tense, and then scratching with the edge of a scalpel, detected a minute point where there was a slight noise of grit. Afterwards Dr. Deane dissected up a very small cartilaginous-looking point in the same place, not one *fourth* the size of a barley-corn. In conceding so much as to say "not larger than half a barley-corn," though Dr. Knowlton shows a willingness to grant the utmost that could be exacted, yet he makes the ultimatum too high. This slight noise of grit, and this very minute point, constituted *all* the ossification I saw, or of which I heard. Dr. Trow truly "strains at a gnat," if I may also quote scripture, in attempting to show a discrepancy in Dr. Knowlton's words upon this matter. Having no intentions of reporting Mr. Griswold's case till circumstances rendered it necessary, the latter was obliged to do it from memory—all country physicians do not keep regular and daily note-books—and as he, like myself, saw only *one* point, he so stated it. Afterwards more were claimed, and as he was not sure it was incorrect, he did not challenge the assertion. Whoever will consult Laennec's chapter on "cartilaginous and bony induration of the valves" (p. 688—698 of Dr. Forbes's translation of the Treatise on Diseases of the Chest, Fisher's edition, New York, 1833), will see this state must exist to a considerable extent in order to constitute serious obstruction. Dr. Forbes speaking, in a note (p. 691), of bony in-

duration or ossification of the valves, agrees with Dr. Hope in saying that "contraction of the aortic valves must be *very great* to render the pulse small, weak, intermittent and irregular. I have never," so continues the citation, "seen it possess these characters in any marked degree unless the valves were either *soldered together by cartilaginous degeneration*, or more or less fixed by ossification in the closed position, so that the aperture was only a limited chink." We have not *yet* been told that this was the state of things in Mr. Griswold's case, though now that these symptoms would be convenient they may be found entered somewhere in Dr. Trow's notebook. Dr. Forbes and Dr. Hope go on to say (p. 692), that a bony induration of "the size of *an ordinary pea* has *little effect* on the fulness, firmness and regularity of the pulse, and *slighter degrees of contraction appear to have no effect on it whatever*." Thus the second reporter's "state of ossification" vanishes into thin, thin air. As to serious softening of the heart any more than of the other organs, or marked hypertrophy, or important cardiac disease, in this case, we might as well believe the stories of Gulliver or Munchausen. In the words of Dr. Deane, the oldest physician present, there never was a more healthy heart taken from a man of Mr. Griswold's age. I do not think there existed more disease than abnormal sanguification would cause.

In order to substantiate a different opinion, or rather to seem to do so, Dr. Trow has procured two certificates; one signed by Dr. S. Bates, and the other by his "pupil." I may, therefore, as well consider them in this connection. As to Dr. Bates, I have no wish to say a single word in derogation of him as a man or as a physician. His certificate is about such an one as easy good nature would yield to tedious importunity. It shoots between wind and water, and in the main offers nothing I need contest. The first half admirably reproves the "personal attacks" commenced by Dr. Trow, and is not the less sarcastic because that individual may not have suspected at whom it was launched. He gives his own opinion of his *friend's* character; but others also have *their* opinions. He speaks of "some degree" of softening and hypertrophy, and of "*points* of ossification," and this is *all* he relates of cardiac disease. What I have previously said of the actual state of the heart is a sufficient commentary on this indefinite evidence. Dr. Bates says nothing of "violent determination of blood to the head," or of primary organic disease of the brain, notwithstanding the second reporter's addition of the letters to tyro. Dr. Bates speaks of a "failure of the whole man," which Dr. Knowlton always believed, and he likewise declares the "nervous system had undoubtedly received a severe shock." He admits evident disease of the pancreas, with alteration in structure, "though not much enlargement." Such is the amount of Dr. Bates's testimony, and the physician who procured it must be endowed with extraordinary powers of assimilation if he can draw comfort and assistance from it. The next document offered to prove the important disease of the heart, which had been claimed before death, and which the *post-mortem* appearances must be forced to substantiate, after the rule of Procrustes of old, is that of Messrs. Castor and Pollux—the astronomical "*germini*"—Dr. Taylor, and the

"pupil, Ira Perry, A.B." Of course they stick at nothing, not even the full pulse in the "left hand" and the loss of it in the right arm." The "gemini" say, "the heart was measured by ourselves." Then why not present the measurement, unless the heart was of natural size, and this intimation only thrown out for convenient use hereafter. "The result was noted," say these worthies. Lucky dogs! I could have sworn it. The result is doubtless filed with the original copy of Dr. Trow's journal of symptoms, ready against any emergency. And then, too, "the valves were partially ossified"—how definite and precise!—and the "parietes were easily torn with the finger"—haven't they some strips preserved in a jar?—and the "pancreas *was* somewhat indurated," and Dr. Trow did delineate the case so well that "had no name been mentioned" citizens "would have known whose case was described." What a pathological daguerreotype such a describer must be! And then, to wind off, the "gemini" most solemnly declare that Dr. Trow's "veracity, integrity and skill need no vindication," that they have "unlimited confidence in his professional abilities," and are "proud to be ranked among his friends." So much for the laudatory "gemini," inditing their eulogy in their master's own office (perhaps subject to his revision), and burning incense under his very nose. They seem to have forsaken their place in the zodiac, to adorn the terrestrial pathway, to quote a phrase of most inagniloquent bombast (Boston Medical and Surgical Journal, Vol. XXX., p. 158), of "the brightest star in the pathological constellation of the world"—and the group, it may be, here in our very midst, form a new *Ursa Major*, of which the second reporter makes the head, and the "gemini" compose the tail. Let Dr. Trow appropriate all their praise; I have no desire to deprive him of such garlands.

In matters of testimony it now only remains to consider the statements *attributed* to Dr. S. Strong. As I regard the channel through which the information comes as far from infallible, it will be less necessary to occupy much space upon it. The verification of the symptoms described as existing when Dr. Strong saw Mr. Griswold, is of no weight whatever in justifying Dr. Trow's *valvular* diagnosis, because the patient was then moribund. The censure upon yourself, Mr. Editor, is one in which I cannot coincide. Its fairness in publishing on both sides is a feature in the conduct of your Journal I have always admired, and I commend the insertion of even such articles as the "Final Reply" and its fraternal predecessor, while replications are also permitted. As to Dr. Trow's "small goose" and "egg," since the latter was added I will not, at present, believe Dr. Strong assisted in its procreation. This gentleman is introduced with that flourish of trumpets peculiar to the person who officiated as his master of ceremonies. I would be the last to utter aught disadvantageous to Dr. Strong, but in declaring him to be "*well known in Western Massachusetts*," for the purpose of giving eclat to his own opinions, Dr. Trow compels a reference to this fact. For more than three years I have been practising medicine within ten or twelve miles of the town where he resides, and I never heard of him till I saw him last August at the *post-mortem* examination, nor do I believe there are ten persons

in Shelburne who know of his existence. I say this, not to his disparagement, but to expose Dr. Trow's habitual exaggeration. Dr. Strong's celebrity "in Western Massachusetts" does not, by any means, constitute an isolated or uncommon case. His ride is probably confined, like Dr. N. G. Trow's and my own, to a circumference of eight, ten or a dozen miles, and it would not be difficult to find many parallels in the region round. In his own small town Dr. Strong, for aught I know, is an amiable and worthy physician; yet the second reporter magnifies this little town of Heath into half a State, with the same ease that a scarcely perceptible point is extended over entire valves.

With a single further remark, I dismiss that portion of the present subject which relates to the heart. Dr. Trow, unmindful or ignorant of the great works and investigations of Corvisart, Avenbrugger, Kreysig, Burns, Bertin, Testa, Laennec, Hope, Townsend, Joy, Stokes, and others, still adheres to the opinion "that diseases of the heart are obscure." I will not deny that to him they may indeed be so, but whether the medical profession generally do not consider them otherwise, I shall leave to the decision of the readers of this Journal. The instances cited by Dr. Trow from the Library of Practical Medicine are not pertinent to the case, as they relate to the difficulty of discriminating between certain very rare cardiac affections, and not to the power of deciding whether there is, or is *not*, some important disease of the organ in question.

I have now examined such parts of Dr. Trow's articles as relate to the pretended disease of the heart of the Hon. Jos. Griswold, and also the dernier resort of the disease of the brain. It was next my intention to have entered into a full consideration of the appearance and disease of the pancreas; to have shown the great importance of that organ in the animal economy; to have proved that its functions, so far as respects obscurity, might be included in the same category with the liver, and that an abnormal state of the pancreatic fluid inflicted injuries which were destructive to life; that the whole train of symptoms in Mr. Griswold's case could be traced to this source; that it would lead to universal oligæmia; that the dropsical effusions about the feet and ankles, the dyspnoea, the palpitations, &c., were the products of this cause; that the affection of the nervous system in the last stages of Mr. Griswold's life had the same origin, as all may be convinced by consulting Travers's work on Constitutional Irritation (pp. 139—144, London, 1826)—by consulting Hall (Researches principally relative to the Morbid and Curative Effects of Loss of Blood, pp. 105—136, Philadelphia, 1835), Abercrombie (Pathological and Practical Researches on Diseases of the Brain and Spinal Cord, p. 224, Philadelphia, 1843), Gooch (an Account of some of the most Important Diseases peculiar to Women, p. 309 *et seq.* Philadelphia, 1836), Elliotson (Principles and Practice of Medicine, pp. 526—529, Philadelphia, 1844), and others; that this key unlocks the mystery of those phenomena in the case which were obscure, while, as we have seen, the hypothesis of Dr. Trow utterly fails to do it. I had intended to institute an examination of this kind, but the already too great length of this article forbids, and as I have ferreted out no note books it

is not so important. The appearance of the pancreas in question is so truly described on p. 382, Vol. XXIX. of this Journal, that I can add nothing to it. Dr. Trow's abortive attempts at wit do not disprove the deeply-jaundiced hue of the body of the deceased, or the enlarged and obstructed state of the gall-bladder. I shall, consequently, only lengthen this article a little more by glancing at several matters in Dr. Trow's "Final" upon which I have not touched, and as these are unconnected I shall be obliged to make sudden transitions from one topic to another. He inquires why Dr. Knowlton did not inform the readers of this Journal that I was his son-in-law? Because he had not the least occasion to do so. He alluded to me nowhere in the whole course of his second article, nor had he any chance to speak of me. Where, in the course of his communication, should he have paused and said, "Dr. S. J. W. Tabor is my son-in-law," in order to escape the imputation of unfairness? The very idea is ridiculous. As to my former note, it was not sent, as you know, sir, in conjunction with Dr. Knowlton's, nor was it drawn up at his solicitation. The second reporter manifests no little prudence in waiving the affair of the vial, and I suspect there was no Nathan needed to say "thou art the man!" If he had also waived the attempt to show a disagreement in Dr. Knowlton's words respecting Mr. Griswold at the close of his life, he would have displayed his prudence still more. Besides that there is a difference between "the senses," as this term is commonly understood, and the "sensorial powers," I would ask if there is a difference between "*near the last*" and "*several days before death*," in relation to a case where dissolution was expected for ten days or a fortnight before it took place? A person is said to have his "senses" when he can see, feel, hear, &c., knows where he is and who is with him, and says, "yes, I know you." But the "sensorial powers" may be much affected while a person retains his senses, for, in this respect, a failure is indicated by debility of the body, weakness of the muscles, inability to pay close or continued attention, a disposition to be let alone and to doze.

Having gnawed the file till he was discouraged, Dr. Trow at last announces, "*come what will* in reference to this subject, I shall never give it even a passing notice." I know that silence is the second reporter's refuge, but I doubt if he has sufficient wisdom to remain quiet. I shall be disappointed if he does not come forth personally, or through others, with fresh symptoms, new note books, and later certificates. That ideality which distinguished him as a student when he fancied he had "stone in the bladder and pain ***," (see the "Final,") will lack for nothing of this kind. But whether no more or fifty more communications are written on this matter is indifferent, provided rejoinders are likewise received. Dr. Trow, when about concluding, was pleased very loftily to announce his "pity" for me. I shall make no pharisaical pretensions of reciprocating that sentiment, but for such a "spirit" as that with which he commenced and has continued this discussion, I feel the deepest disgust and the most unmitigated contempt.

STEPHEN J. W. TABOR.

Shelburne Falls, Mass., June 12, 1844.

RADICAL CURE OF HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As you have invited me to report, from time to time, the result of my surgical operations for the radical cure of hernia, I present to-day two cases, which among others have lately come under my care. The more practical experience I have in this branch of surgery, the more I am confirmed in its entire practicability, as well as its claims to superiority over every other method of treatment which has as yet engaged the attention of the profession. I have operated on twenty individuals in succession, who had been troubled with the several varieties of reducible hernia, and in every instance the operation and treatment for the perfect radical cure of the disease was successful. No accident or untoward symptoms occurred in either case. The patients were seldom laid aside from their usual avocations for a longer time than two weeks, and thus far continue without any symptoms of a return of their old infirmity; and from the nature of the change which I know to have been produced in the parts operated upon, I see no reason to suppose that they are in any greater degree liable to be again afflicted than those who have never suffered from the malady in question. Before dismissing a patient or allowing him to dispense with the use of his truss, I make it a rule to test the condition of the parts, and ascertain beyond doubt whether the opening is sufficiently closed and the adhesions sufficiently firm to afford the desired security from future accident, and to justify the discontinuance of all artificial support.

CASE I.—Mr. R——, of Cambridge, aged about 26 years, of active and laborious habits, applied for treatment February, 1844. This gentleman had oblique inguinal hernia of right side, of six years' continuance. He was rendered unable to lift from fear of strangulation. The opening through the external oblique muscle could readily admit the introduction of two fingers, by invaginating the scrotum. Coughing appeared to give to the finger placed over the external ring of the left side a very strong impulse. The skin, subcutaneous cellular tissue, and tendon of the external oblique muscle of the inguinal region of both sides, appeared preternaturally thin and weak. Being determined to obtain relief, if possible, the patient had tried a variety of the lauded trusses of the day, with promises of cure, all of which failed in retaining the protruded intestine except for a short time; so that he despaired of ever being cured. The operation for a radical cure was performed upon the patient on the day when I first saw him, giving but little pain or inconvenience. The operation produced sufficient adhesions and consequent closure of the openings to effect a radical cure in from two to three months from the commencement of the treatment.

I have repeatedly examined this patient since the discontinuance of his treatment, in the presence of other gentlemen. The parts about the ruptured region appear very much thickened; the tendon of the external oblique muscle has fully regained its normal firmness. The ring is now known to be much thicker and smaller than that on the opposite side.

II.—On the 7th of June I was consulted by Rev. Mr. D., of Maine, aged 52. He stated that for twenty years he had been a great sufferer from femoral hernia on the right side, which had been irreducible almost from its first appearance. Patient was brought up to mechanical employment, which he pursued till he became too greatly afflicted with his hernia to perform manual labor, and consequently he was induced to direct his attention to the clerical profession. Had on a large truss, with a deep, concave pad. Upon removing the truss I found the hernial mass filling up the whole groin or crural region. Patient stated that when quite a boy he discovered a small tumor above Poupart's ligament. By the direction of a physician, Hull's truss was applied. By the use of this instrument (which in many cases is a valuable one), the bowel was prevented from making any further progress through the external abdominal ring for a period of several years. Twenty years ago the hernia took a different course, and came out below the ligament through the crural ring, greatly augmented in size, and has been the cause of much pain at very frequent intervals for many years; so much so, that his life has been despaired of on several occasions. He has resorted to various kinds of trusses, without deriving any benefit from them. Surgeons have often attempted to reduce the hernia by taxis, and other measures, all of which have proved entirely abortive.

After having examined the condition of the parts implicated, I made an effort to reduce the hernial contents into the abdomen, and, much to the surprise and gratification of the patient, as well as myself, the effort was successful. The time occupied in the manipulation was about fifteen minutes, during which the patient complained of but little pain, nor has he since. After the hernia was reduced he was directed to remain quietly in a horizontal position about two hours. I then performed the operation for the radical and permanent cure of his long-standing infirmity. A large fold of integument, entirely altered in texture and resembling thick leather rather than the properties of healthy skin, in consequence of the long continued pressure of the various trusses he had used, lay puckered up and loose in the groin. As it would doubtless have been a source of inconvenient irritation to the adjacent parts, I removed it with the scalpel. The patient remained in the city three or four days, when he had occasion to go home on business. I gave consent, with the injunction that he should wear a truss, which I adjusted. He made his visit and returned to the city by the next boat, without having suffered at all from his journey. In ten days from the operation, Mr. D. was able to remove the truss and walk about without any external support. The hernia manifested no disposition to return. The opening through which the bowel descended into the groin, and which, before the operation for its perfect obliteration, would admit two fingers their whole length, was firmly closed; the bowel and omentum remain safe and sound in their proper place, without absolute necessity for artificial support.

On the 18th of June I also operated on the same patient for the cure of a small femoral hernia on the left side, which has troubled him some for a few months. On the 21st he was dismissed cured.

Boston, June 28, 1844.

G. HEATON, M.D.

DR. BEDFORD'S NOTE ON CHAILLY'S MIDWIFERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Every individual in the community has a bearing upon the character of the whole. There is no one so humble in life who is not able to do some act which may in some measure tend to degrade the nation to which he belongs ; and, *vice versa*, to elevate it. Professional men, more especially, are in view of the world thus situated. Foreigners who visit us do not reason according to the logic of Dr. Watts, or Professor Hedge, —that is, from generals to particulars ; but they reverse the rule, and from particular, individual, isolated and detached instances, they stamp the general features of professions, and the morals and manners of society.

I was led into these reflections by Dr. Bedford's note on Chailly's Midwifery, entitled "*Active Motion of the Fœtus.*" This note, which is given at length in the Medical Examiner,* from which we obtain our knowledge of it, gives an account of a person who is called a *physician*, having been called to a woman who supposed herself pregnant and in labor. The doctor, after instituting an examination, declared "that all was right—that the labor was quite advanced, and in a very short time would be completed." The result was, that the woman had mistaken the motion of wind in her bowels for that of a fœtus, and that the labor was of that article only, and ended in its discharge. This, as it relates to a female who was never pregnant, and whose bowels were swollen or distended with flatus, may all have been very probable. But for a person having the title of *physician* bestowed upon him, who had just given such a diagnosis and prognosis as this attendant is said to have done, we object to it totally, summarily, decidedly and forever.

Our first impression upon reading the case was, that it was absolutely impossible. And now, notwithstanding the credibility of the source from which the account of it is derived, we do think that any one who has ever attended a single case of parturition can hardly have his incredulity removed. But aside from this, we protest against the utter impolicy, impropriety, inexpediency and unprofessional bearing of giving such a case publicity to the world. We view it a disgrace, supposing that such a case existed ; as well as undignified, and uncalled for, in him who has given it to the public.

ARGUS.

May, 1844.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 10, 1844.

Diseases of Clergymen.—In modern times the clergymen of New England suffer from maladies that were wholly unknown to our grandfathers.

* See Dr. Huston's Medical Examiner, May 4th, 1844. Philadelphia.

Dyspepsia is a prevailing complaint, which engenders a train of disturbances in the system of a formidable character. Bronchitis is another disease, so common as not to excite much surprise—especially since the fact has been ascertained that a delightful remedy for it is a voyage to Europe, at the expense of the parish. This is a curious circumstance in clerical history, which the Puritan, a widely circulated religious newspaper, published in Boston, has had the independence to treat more severely than would be becoming to any other class of editors.

That very many are out of health, is admitted; and the number who have asked for dismissals from their people, on account of inability to conduct their pastoral labors, from various causes, is quite large in the northern States. A melancholy circumstance in regard to this measure of clerical health, is based on the fact that a majority of them are young men, who have hardly become pillars of strength in society, before they yield to the weight and sink prematurely under the wreck of a shattered constitution. What combination of events can have produced these painful results?

Before answering this question, however, let it be brought to mind that the old school of New-England clergymen were men of laborious industry. Their salaries, for a year, in many places, were less than some of their delicate successors now receive in a single quarter. They were therefore often obliged to perform some out-of-door labor, though this was perhaps as often done from choice. They brought up large families; and they preached fervently and almost uninterruptedly, from early life to three score and ten, and were distinguished in all respects for their faithfulness, christian benevolence and zeal.

What efforts should be made to procure a return of this amount of clerical health? What process will conduce to more muscular power, more active digestion, and probable longevity? The answer is—Physical activity. The clergy of the present day, as a class, are too sedentary—too much inclined to avail themselves of the comfortable advantages of elegant libraries, heated to a debilitating temperature by sea coal fires. They should, where it is practicable, labor more in the fields, and manifest some interest in the culture of the soil. Bodily labor is the remedy for many of their physical woes, and without it they will be but broken reeds. Air was made for breathing, and the earth to be trodden upon and taken care of by intellectual man; if he neglects to go out upon its green carpets, to cultivate its fruits, and inhale its pure air, he violates an essential law of his economy, and suffers for it in the loss of all that makes life desirable—good health and a cheerful heart.

When the New-England clergy take to the plough, the hoe, the scythe, and enter spiritedly into horticultural and agricultural pursuits, at least one third of their time, they will have sound minds in vigorous bodies.

Another Giant.—If it could be said of old that *there were giants in those days*, it is true also that there are such in these days.

When Mons. Benin was in Boston, that monster youth Freeman, and Porter, we were particular to gather their histories, because they were such extraordinary departures from the usual standard height of man. Before the impression they made is fairly effaced, another walking phenomenon has entered the city. Having had an interview with him, the following facts were elicited.

Nathan Lampman, now at Mr. Kimball's Museum, was born at Cox-sackie, N. Y., April 8th, 1828, and he was, therefore, sixteen years old in April last. There is nothing remarkable about him but his altitude. His head towers above the whole multitude, being seven feet and half an inch high! He is not from a family any way remarkable for height—the father being only about five feet eight inches, and his mother five feet five inches. Neither has he brothers or sisters who are tall—nor any relative so tall as himself by fifteen inches. In a word, Nathan is a great, tall, awkward, good-natured, sixteen-years-old boy, whose chin has never been smoothed by a razor, and who bids fair, being still actually growing, to reach another foot. He is a sort of farmer's boy, and partly a carpenter's fag, without really being, however, in either line, much of any thing. In the last year he positively declares that he grew nine inches! At present his weight is one hundred and ninety-eight pounds. The body is stilted up on a pair of the longest legs, perhaps, on the western continent, whose base is a pair of feet, fourteen inches from heel to toe! Nathan is a sight worth seeing. Should his life be spared, we may fully expect that he will ultimately eclipse all the giants of modern times, for everything is in his favor, viz. youth, health, good habits, and a desire to outgrow all the descendants of Adam.

We are always vigilant in collecting these gigantic memorials of all who happen to come within the sphere of our observation, that physiologists may not charge us, as chroniclers of medical and physiological events in our day, with neglecting any fact or circumstance which should have been preserved for reference, and for an illustration of the mental or physical condition of society and its anomalies in our day and generation.

New Orleans Medical Journal.—A bi-monthly Journal, the first number of which is exceedingly well arranged, has been commenced at New Orleans. It is edited by E. D. Fenner, M.D. and A. Hester, M.D., who manifest in the preface a disposition to send forth a periodical that must meet the approbation of the profession. They remark, "It is subservient to no personal, no party interest. We pursue a higher and nobler aim—the cultivation of medical science and the improvement of its followers." The leading articles show that there is talent enough in New Orleans to give the highest degree of authority to a Journal of Medicine; and with regard to matter, no city on the continent has richer or more abundant materials, new and strange, than New Orleans.

The reputation of some of the surgeons and practitioners of New Orleans is quite familiar to us in this northern part of the Union; and we shall be happy in the prospect of knowing more of them hereafter through the pages of a periodical that is the appropriate organ for expressing their views on medical and surgical subjects. Five dollars a year, in advance, is the price of subscription. A determination to deal for ready money should be closely maintained, since a tried experience convinces us, as well as others, that trusting is the great evil in periodical publishing, which neither time nor patience ever corrects. Wishing the editors the realization of their hopes, we tender them our congratulation, and assure them of the pleasure it will afford us to aid them in the undertaking, in any way in our power.

Honorary Degrees of Medicine.—At New York, on the eleventh commencement of the University, the honorary degree of M.D. was conferred on Dr. Razoir of Greece, Dr. Guerin of Paris, Dr. Tarall of Kenyon College, Ohio, and Dr. Augustus Davezac, Jr., of New Orleans. The degree of M.D. was conferred on five medical students in course.

Division of the Portio-dura; Excessive Pain.—The following brief narration is interesting in a physiological point of view. A dancing-master had a tumor developed over the articular surface of the lower jaw, to remove which means of every kind were tried in vain: the tumor at length having acquired the size of half an apple, the patient consented to have it removed by operation, in the course of which, the surgeon saw that the trunk of the facial nerve passed right through the middle of the morbid mass, a mixture of steutoma and hydatids. Seeing no means of sparing it, the surgeon cut it through at one lusty stroke of the knife. The pain occasioned by this seemed horrible. The patient threw off the three assistants who were holding him, sprung from the seat, looked wildly around, and stretched out his hands in agony. The spectacle was made the more piteous by the semi-paralysis of the face and distortion of the features that instantly ensued: the mouth was drawn completely over to the other side, the angle on the paralyzed side hung down relaxed, the cheek lay hollow and meaningless; the eye seemed sunken and smaller. It was by-and-by found that three-fourths of an inch of the trunk of the facial had been removed.

What is still farther remarkable is this: that the deformity did not continue even in the evening of the same day; the features had recovered themselves greatly, and after a fortnight, unless when the patient spoke, particular attention would have been required to perceive that anything was amiss with him.—*Bredow, in Caspar's Wochenschrift, No. 12, 1844.*

Abscess of the Tongue. By DR. MOLLER.—A locksmith applied for advice regarding a swelling under the chin, with violent pain at the root of the tongue, almost wholly preventing deglutition. Upon examination a large tumor was found in the tongue, that nearly filled the entire cavity of the mouth: it was dark colored, and fluctuating. There was no time to lose. A bistoury armed with linen to near its point was plunged into the swelling, whereby a great quantity of thin pus was evacuated, and the patient straightway relieved. The wound healed in eight days. The tumor under the chin was treated in the same way. The patient was 60 years old, and of phthisical habit—a circumstance in accordance with what certain writers have advanced, namely, that phthisical individuals are more especially prone to this rare kind of abscess.—*Oppenheim's Zeitschrift.*

Therapeutical Powers of Iodide of Potassium.—In a communication to the *Provincial Medical Journal*, April 24th, Dr. Oke gives the results of an extended therapeutical experience of the iodide of potassium. He had not found it of any service in cases of abdominal tumor, scirrhus induration, or ulcerated cancer, lupus, indurated glands, scrofulous ulceration, affections of the lungs, enlargement of the liver, ascites, or encysted

dropsy. The diseases in which he had found the medicine useful, on the contrary, were phagedenic ulceration, disease of the periosteum, and chronic rheumatism.—*London Medical Gazette.*

Case of Death from a Piece of Potato-skin in the Larynx.—Dr. Jackson, of Leith, was called to see H. S., a cooper, aged 31, of irregular habits, who had died when in a state of intoxication. On dissection, the lungs and heart presented all the appearances characteristic of asphyxia. The cause of this was made apparent on examining the larynx, where it was found that a piece of potato-skin, of an irregular triangular shape, little more than an inch long, thin as the finest paper, and perfectly transparent, lay entangled between the folds of the thyro-arytenoid ligaments, one of the ends being fastened over the posterior end of the rima glottidis, whilst the other two margins were free, forming a valve which would open by each expiration, but shut at each inspiration, so causing speedy suffocation. The piece of potato-skin had probably been ejected from the stomach by vomiting, along with other matters.—*Cormack's Edin. Journal.*

Medical Miscellany.—Amongst the policemen on the great English Western Railroad, are three members of the Royal College of Surgeons.—Sir Henry Halford left his whole fortune, by will, to his son, who is now Sir Henry Halford.—Dr. Thomas F. Devan, a physician of New York, has been ordained as a Baptist missionary to China.—Dr. Chown recently introduced a woman to the notice of the Westminster Medical Society, who had four nipples.—A medical school has been projected in the ancient city of Damascus, under the superintendence of Dr. J. B. Thompson, an English physician.—A second volume of the St. Louis Medical Journal has been commenced.—A medical college is now well organized at Montreal, with excellent prospects. The winter term closed as late as the last week in April. There is also a medico-chirurgical society in the same city, admirably conducted.—Surgeon J. J. B. Wright, U. S. A., ordered to Fort Marion. Assistant Surgeon B. M. Byrne permitted to proceed to New York for examination—for promotion.—Dr. Silas Holmes has gone out Surgeon of the U. S. Brig Truxton, to the coast of Africa.—Fifty thousand dollars have been subscribed in Boston to enlarge the Massachusetts General Hospital.—Dr. Hall has the whole charge of the dispensary at Macao, China. Fears were entertained in 1835 that the Missionary Hospital might be obliged to give up, as it was stipulated to do so in case the public authorities should require it. The public sentiment has so much changed since that period, that the institution has become the most important and valuable establishment, in Chinese estimation, in all China.

MARRIED.—In Sandwich, Benjamin Hubbard, M.D., of South Weymouth, to Miss Ellen M. Perry.

Number of deaths in Boston for the week ending July 6, 24.—Males, 13; Females, 11. Stillborn, 2. Of consumption, 4—disease of the heart, 1—brain fever, 1—intemperance, 1—erysipelas, 1—marasmus, 1—inflammation of the lungs, 1—cancer, 1—murdered, 1—lung fever, 1—dropsy in the brain, 1—scarlet fever, 4—bowel complaint, 1—child-bed, 1—worms, 1—inflammation of the bowels, 2—liver complaint, 1.

Under 5 years, 9—between 5 and 20 years, 3—between 20 and 60 years, 11—over 60 years, 1.

Filing the Teeth.—Mr. Robinson, in an article on filing the teeth, published in the *Forceps*, says, the teeth that are more generally attacked with caries, and for which the application of the file is more frequently brought into request, are the four central incisors and canines of the upper jaw, although in many instances it may be used with success to the bicuspid and molars of both jaws. The permanent central and lateral incisors of the upper jaw frequently decay at an early period at their sides. This arises either from a too crowded state of the mouth, and the undue influence exercised on the parts by their too rapid advance before the maxillary arch is sufficiently developed to admit the increased size, or from the patient at that period neglecting to perform those daily ablutions so essential and necessary to the health of these organs. In either case it unquestionably forms the exciting cause of caries in those situations, which, if allowed to extend beyond a certain point, renders the operation both difficult and dangerous to the tooth itself, owing to the confined space the operator has to use his instruments, with that force so requisite to the well packing of the gold to the exclusion of all foreign substances, with the liability of fracturing the enamel. Even if this difficulty should be overcome, the tooth may be broken in the attempt at stopping it, or the gold may become loose at the end of a few months. Hence arises the necessity of filing in the early stages of caries, in preference to stopping. In every stage which requires the use of the file, the dentist ought not to be content with merely dividing the teeth, but should extend the operation until the whole disease in the tooth is eradicated, and presents a surface as white as the healthy part of the tooth. A considerable portion of a tooth can be filed away without the slightest injury, if the operation be performed with caution, and the posterior portion removed without any perceptible disfigurement; in many cases, the caries can be removed by scraping away with an instrument, without having recourse to the file. Mr. Robinson has frequently, after dividing a tooth, discovered near its cutting edge a large cavity, which it would be impossible to remove without destroying more than half the tooth, and disfiguring the patient; in any attempt to stop it with gold, the chances would be, either a fracture or an imperfect stopping. In these cases, he has substituted gum-mastic steeped in water—an admirable substitute—which has remained in the cavity for months, and can be renewed at pleasure by the patient. In many instances, when the cavities have been examined three or four years afterwards, they have been found perfectly healthy, not in the least indicating a return of the disease.—*London Medical Times.*

Tooth-ache.—An anonymous writer in the *Forceps* says, that one of the best palliative remedies, when tooth-ache arises from exposure of the nerve, is a mixture of morphia, creosote, and arsenic, made into a thin paste, and applied to the nerve on a small pledget of lint. If the tooth-ache be caused by fungus of the nerve, it is occasionally removable by the application of caustic, which, if repeatedly used, will destroy the diseased growth. Temporary relief from pain may also be obtained by causing the fungus to bleed freely, but the only permanent cure of this affection must be accomplished by the forceps, as the disease generally returns after a few months.—*Ibid.*

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JULY 17, 1844.

No. 24.

STATE LEGISLATION RESPECTING MEDICAL PRACTICE.

[THIS subject—always an interesting one—has of late, from various causes, received increased attention. Many of the States in our Union, which have long had enactments conferring a license upon the educated physician, have within a few years, as is well known, repealed them. The opinions of medical men on the subject in such places, as well as the practical results of this new state of things, are matters of interest to their professional brethren in other parts of the country. We have already copied the doings of the Monroe Co. (N. Y.) Medical Society in regard to the late change of the law in that State, and we now give the report of a committee of the Medical Society of Albany Co., which is ably drawn up, and which was unanimously adopted at a late meeting of the Society.]

For the purpose of laying the whole subject before the Society, in an intelligible form, we present the following summary of the laws regulating the practice of medicine as they existed in this State previous to May 6, 1844.

County and State Medical Societies were incorporated, and the terms of admission into the County Societies were prescribed by law. Members of the County Societies were the only licensed practitioners of physic and surgery.

All unlicensed persons, except "botanic doctors," were prohibited from practising under penalty of \$25 for each offence. All unlicensed persons, without exception, were made incapable of enforcing, by legal process, the payment of compensation for services rendered to the sick.

By the act of May 6, 1844, all unlicensed persons are freed from the penalty for practising, and the disability of collecting pay for their services. Besides this, they are made liable to civil and criminal prosecutions for malpractice, gross ignorance and immoral conduct. Previous to the passage of this act, the law prescribed the mode of becoming a licensed practitioner of medicine, and conferred on such, and on the botanic doctors, the exclusive right to practise. Since the passage of this act, the law still prescribes the mode of becoming a licensed practitioner, but gives to all persons of whatever age, or sex, or education, the right to practise, and to enforce the payment of compensation for their services. Hence, although the organization of the County and State Societies is left

as before, it is no longer obligatory on those who practise physic and surgery to become members of the County Societies, nor to go through the course of study and the examination requisite for admission into these societies. They have become voluntary associations, which give to their members the title of licensed practitioners, but confer on them no legal rights. Such is the operation of this act on the laws regulating medical practice.

We now proceed to the examination of the question, whether the passage of this act calls for any movement on the part of the Society. But first of all, it will be necessary to review the course of legislation in regard to medical practice, and to establish the principles on which such legislation ought to be founded.

Seeing what important duties devolve upon the physician, what weighty interests are confided to his skill and integrity, subject to no control but his own conscience, legislators have always recognized the propriety and necessity of providing men to assume those duties who could offer some guarantees of capacity and honesty, and of guarding the public against imposition by the ignorant and unprincipled. Hence laws have been enacted, having in view the two-fold object of raising up and organizing a body of competent physicians, and of protecting the public against imposition.

To accomplish the former of these objects, the profession has been organized by the establishment of County Societies, so that its members may readily be recognized by each other and by the public, may exercise a general supervision over each other, and co-operate to promote the common welfare.

Provision has been made for medical education by the establishment of schools liberally endowed, in which students may, at moderate expense, be taught the science and art of medicine. A course of study has been prescribed, through which candidates are required to pass before they can be admitted to an examination by which their qualifications are to be tested. After having accomplished this course of study and passed the examination, the student is admitted into the profession as one worthy of its honors and fitted to assume its duties.

Thus are attained the first great objects of medical legislation. A body of physicians is created, presenting certain guarantees of capacity and character, and this body is organized so that its members may be readily recognized by the public. These objects and the means by which they are attained we all unite in commending. If any person, with these means of choosing, applies for medical aid to one who can offer no guarantees of proper qualifications, he is guilty of a gross imprudence; but it is at his own risk, and he has to suffer in his own person all the consequences. The law has protected him against imposition, but not against a foolish choice.

It might be supposed, that when men have the choice before them of educated physicians, presenting evidences of their qualifications, and of others whose main titles seem to be their ignorance and impudence, they would not hesitate to have recourse to the former. But sad experience

shows that this is far from being true. We find that men who conduct all their other affairs with prudence and discretion, are willing to abandon a medical attendant of tried skill and character, for any juggling mountebank whose pretensions would only excite a smile, were it not for the deplorable results to which they give rise. Struck with this sad spectacle of human credulity and folly in cases in which such important interests are involved, legislators have thought that it was not sufficient to provide educated physicians, and to give the public the means of recognizing them, but have passed laws prohibiting all but regular physicians from practising. These laws are founded on the assumption, that it would be so absurd to have recourse for medical aid to an ignorant person, when it is possible to procure the services of an educated physician, that those, who might be tempted to do so, must be treated as incompetent to manage their own concerns. To prevent them, therefore, from indulging in such folly, all irregular practice is prohibited under certain penalties.

The laws for educating and organizing a body of physicians were intended to give men the means of acting prudently ; the prohibitory laws were intended to compel men to act prudently. So long as public sentiment accords with this view of the legislator, the operation of these prohibitory laws is salutary ; while only a very few silly persons prefer to have recourse to men out of the profession for relief, it seems proper to protect them against their own bad judgment, just as minors and imbecile persons are not allowed to make contracts by which they might be swindled by knaves. But unfortunately a large portion of the public think that education and science are not necessary to qualify men for medical practice. Numerous sects have sprung up, pretending to cure diseases by various processes, more or less ridiculous, but all agreeing in this one point, that it is not necessary to pass through the regular course of studies required by law, but that there is a royal road to medical practice which renders such drudgery useless. These sects, absurd as their doctrines may be, have succeeded in gaining followers among the public, and the effect of these restrictive laws, if enforced, must be to prevent all their followers from procuring the kind of medical aid which they prefer. Besides, it must be remarked that those who are thus placed under legislative tutelage, are not exclusively the ignorant or imbecile, but that they number in their ranks many persons of education and sagacity, who manage all their other affairs with sufficient acuteness and discernment. However absurd the opinions and conduct of these men may appear to us, we have not, for that reason, the right to impose on them our ideas of wisdom. If, for example, a full-grown man who is capable of managing his own business, chooses to call in, to reduce a dislocation, a natural bone-setter who avows that he has never seen a skeleton, in preference to a surgeon who has devoted himself to the study of such accidents, we may deplore his folly, and endeavor to persuade him to act more prudently, but we ought not to use compulsion either directly or indirectly. If his conduct is foolish, he alone suffers from it, and as we are not responsible for his folly, we have no right to prevent him from indulging in it.

On this point we have the misfortune to differ with some for whose opinions we have great respect, and we wish to be well understood. None can be more deeply impressed than we are with the immense amount of mischief inflicted on community by irregular practitioners of medicine. We feel indignant at the base deception they daily practise under our eyes, and we pity their dupes. We all alike agree in deploring the evil, but there is some difference of opinion as to the remedy. The experiment of the past satisfies us that legislative wisdom never can restrain individual folly ; that all that legislation can do in such matters is to give to all the means of knowing the character of those to whom they may apply, and thus enable them to act with a full knowledge of the circumstances, and leave the rest to each man's own wisdom and prudence. We are accustomed to apply this principle to other cases of a like nature. Absurd and mischievous religious systems sometimes spring up. We are pained to see men led away by vile superstitions, or fall victims to the arts of designing leaders, yet we do not attempt to put down such systems by law, because we do not think it right to impose our religious views upon others, and because we know that any such attempt would only serve to confirm them in error. So, too, in matters of ordinary business, the law protects men against imposition so far that if one, in making a bargain, is deceived by false representations, the law would give him redress ; but if, with a full knowledge of the facts, one enters into a foolish bargain, he must abide by the consequences. There is no reason why the same principle should not be applied to medical practice.

But even admitting that these restrictive laws are founded on principles of sound policy and justice, there is still one objection which is unanswerable. It is entirely impossible in this country to enforce them. For many years they have been in existence, and yet men have practised under our eyes openly and avowedly in violation of them, and in no one instance has the penalty been enforced. As to the disability of recovering payment for their services by legal process, it has had quite as little influence, for we think it is altogether probable that botanic doctors, and homeœopathists and other quacks, have been quite as well paid as the regular practitioners.

The practical operation of these laws was rather favorable to the class of irregular practitioners. The penalty they imposed was never regarded, the disability of collecting debts afforded a pretext for demanding payment in advance, and gave to their demands the character of debts of honor. Besides this, they put it in the power of quacks to raise a cry of persecution and represent the profession as greedy monopolists, and thus excite some feeling in their favor among weak and credulous people. A clamor for the repeal of these laws was kept up for the purpose of advertising the system rather than of obtaining any rights about which they really cared, and since the repeal has been obtained they will have to devise some new plan to wriggle themselves into notice.

It will be remarked, that in all our reasoning on this subject of these restrictive laws, we have considered them as designed for the good of the

public and not of the profession. This is undoubtedly the only ground on which they can be defended. The object of those who enacted them, was to protect the public against the ignorance and rapacity of quacks, and not to protect the profession in a monopoly of practice to be enjoyed for the benefit of its members. If, in the repeal of these laws, a wrong was committed, the public and not the profession must be considered the injured party. It behooves us neither to claim as a right nor to ask as a favor any exclusive privilege, which is opposed to or which is not directly conducive to the public good. If these restrictive laws are not called for from considerations of public safety, then there should be no opposition on our part to that repeal. It is certain, that no class of community are so little liable to be injured by quacks as physicians who know how to avoid them.

This point has been lost sight of in the discussions on the subject in the legislature and elsewhere, and we are anxious to bring it clearly in view, because it does not comport with the dignity of our profession to appear to be engaged in a selfish contest for privilege with the different bodies of quacks which infest the community. As the natural guardians of the public interests in such matters, it is incumbent on us to admonish the legislature, if we think they are acting ignorantly or rashly, but we must be careful to have it understood that in so doing we are not defending our privileges against the rest of the public, but that we are defending the public against their own rashness and folly.

To resume. We consider that the great end of legislation in medical practice should be to provide a body of competent physicians, and to give the public the means of recognizing them, leaving to the prudence of individuals to choose discreetly; and that all attempts to coerce people to discretion are wrong in principle and unsuccessful in practice.

We are now prepared to examine the question, whether under the circumstances any action of the Society is called for?

We have expressed our views as regards the restrictive laws. Whatever difference of opinion may exist as regards the general policy of such laws, there is one point on which all must agree. It is utterly impossible to enforce them so long as they are not in accordance with public sentiment. We would, therefore, be exceedingly sorry to see the profession again entering into a contest with Thomsonians and other persons of that class, for the sake of restoring a law which we know before hand cannot be executed, and which serves as a pretext for quacks of all kinds to raise the cry of persecution, and to represent the profession as made up of selfish monopolists—a contest in which defeat would be mortifying, and success would bring no real advantage.

We are aware that much feeling has been excited in the profession by the repeal of the laws, but this is owing rather to the manner in which it was effected and the ground on which it was urged, than to the act itself. Although it was sustained by some for proper reasons, yet a few senseless demagogues in the legislature, fit organs of the quacks, whose cause they espoused, did not fail to seize that occasion to revile the whole body of physicians, and to represent them as engaged in a struggle to maintain

a monopoly of practice in their own hands. The profession was thus placed in a false position; it appeared to be fighting for its privileges against the quacks; the interest of the public in the contest was kept out of view, and the result was hailed as a triumph of quackery over the medical profession. We hope that in future they will be allowed to enjoy their triumph without any interference on our part. We should be sorry to become engaged in a contest with ignoble adversaries for the benefit of a public which will always look upon our mediation with suspicion. Let the knaves and the dupes in future settle their accounts among themselves.

As regards the laws regulating medical education and the organization of the profession, we do not know of any modification which would be desirable. The State and County Societies have all the powers necessary to enable the profession to act with unity and efficiency. What is still wanting here, depends not on the legislature, but on ourselves. We ought to endeavor to infuse more spirit into our County Societies, to have more frequent meetings, and to promote cordiality of feeling among its members. The rules of medical ethics should be scrupulously observed, and any violation of them promptly noticed by the Society.

In the law of last winter, an amendment was offered requiring unlicensed practitioners to express their true character by having the word "unlicensed" on their signs. This amendment, to which no sound objection could be made, since it could only serve to inform the public of the true character of those who offered their services, and which, if one half was true of what was said in debate respecting the superiority of Indian doctors, homœopaths and steam doctors over the regular profession, would have conferred a real advantage on the unlicensed practitioners, was rejected. Although we think the amendment a good one, yet we should be sorry to go again before the Legislature to ask for its passage, and we think the same end might be attained if every County Society would publish in the newspapers semi-annual or quarterly lists of their members.

Now that all restrictions on practice are removed, it will be practicable to raise the standard of admission into the County Societies without exciting any well-founded opposition. These societies are now voluntary associations, into which those who find the requirements too high need not enter. A well-matured plan, which would increase the amount of requisitions without putting it at a point unattainable at the present time, would no doubt be favorably received by the profession.

We would then say, in conclusion, we have laws enough, and good laws. Quackery must be suppressed not by legislation, but by enlightening the public as to its dangers. The dignity and respectability of our profession is to be promoted not by asking for legal privileges, but by an increase of individual zeal and a more cordial co-operation. It is a great error to suppose that the repeal of the restrictive laws puts the physician on a level with the quack and takes away the barrier which separated them. The barrier which effectually separates the two classes is formed by the higher attainments and honorable deportment of the members of

the former, and this is the barrier which it depends on us to make higher and stronger. It is one which quackery will not surmount, and which legislative enactments cannot break down.

In accordance with these views, the committee offer the following resolution:—

Resolved, That in the opinion of this Society, it would not be conducive to the interest or respectability of the medical profession, at the present time, to apply to the Legislature for any alteration in the charters of the State or County Medical Societies; or any legislation on medical subjects whatever.

THOMAS HUN,
JOEL A. WING,
MASON F. COGSWELL.

AN ESSAY ON THE HUMAN COLOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the following essay, I have attempted the solution of the problem of the human color. Goldsmith, and almost every other preceding as well as succeeding naturalist, has made a similar attempt. With what success, will appear from a perusal of their several systems of Natural History. Dr. John Mason Good in his Book of Nature has, at least, given us the opinion of the learned world upon this subject as it stands at the present time, but I think he has failed to unravel the mystic knot. Some notes were made by me upon this subject as long ago as the year 1825, with the view of answering certain queries contained in Mr. Jefferson's Notes on Virginia, but the completion of the design has been delayed until the present time.

Geographers have estimated the number of the human race to be 800,000,000. Of this number, 500,000,000 are of a black or blackish color, and 300,000,000 of a white or whitish color. There are on the earth five black or blackish men to three white men. Among the black men I include the Asiatics, the Australians, the Africans and the Indians of our own Continent. Naturalists have usually divided mankind into a number of varieties or species, but I shall consider them only under the common division of black and white.

Whence the color of the black man? says the European naturalist. Whence the color of the white man? says the Chinese philosopher. The Chinese is as much puzzled to account for the color of the white man, as the white man is to account for the color of the Chinese. The form, the features, the hair and the color of the white man are as curious and perplexing subjects of philosophical inquiry among the Chinese, as the personal peculiarities of the Chinese are among us. The black or blackish men of the earth everywhere regard their own color as the primary color of mankind, and all other colors derivations from it, for the same reason that we do, because being used to it, we like it the best. The color, figure and features of the white man are as strange and uncomely when first beheld by the Africans or Chinese, as their personal peculiarities are to us.

The Chinese suppose themselves to be not only the oldest and most civilized people of the earth, but to be superior in personal beauty and in knowledge. White people set up an equal claim. The whites admit no other standard, either of beauty or knowledge, than their own. The Chinese make themselves the only true standard, and for an equally good reason. The Chinese have never manifested any admiration, love or preference, for the color of the white man ; nor been in the least disposed to imitate him either in his looks, color or personal appearance. A full proof that they are entirely satisfied with their own complexions and features. Indeed, being accustomed to see such a majority of people around them of their own color, a white man must be much more of an anomaly among them than one of them would be among us. It is only, then, at home, among his own color, that the white man enjoys his own sense of superiority in point of lineage, personal beauty and knowledge.

It is agreed, on all hands, that the color of the human race resides in a thin membrane composed of mucus, lying between two other thin membranes called cutis and cuticle, both of which last are white as well in black people as white people. It has been long settled, by the dissections of anatomists, and the observations and experiments of physiologists, that the color of the skin arises from the color of this membrane, called the rete mucosum. The scarfskin above and the true skin below this membrane, are both white in every individual of the human race. Anatomists and physiologists have traced the various shades of color which characterize individuals and nations of men, to this mucous substance placed between the scarfskin and the true skin. In men of a dark brunette complexion, this membrane is found to be dark ; in those of a light complexion, it is light. In black men, it is black ; and in copper-colored men, the rete mucosum is of a copper color. The mucus appears to be of the same nature in all ; but its color is various, or varies from what is called a flesh color to a very dark brown or black ; but it is never perfectly black, or so black as the color of many other objects. Indeed, a black person in a very black dress will appear by comparison to be much lighter than the dress itself. No observations or analysis have furnished any reason why the rete mucosum should in one man reflect the color of the European ; in another, the color of the Chinese or American Indian ; and in a third, should reflect scarcely any color at all, as in the African—for black, philosophically speaking, is no color, but an absorption of all the seven primary colors. But, here, in this mucous membrane, lies all the difference in the color of men, be it what it may ; in an arrangement of the particles of matter too minute to be detected by the most powerful glass of the optician, too subtile for the nicest tests of the chemist. All the internal parts of the body, as well in blacks as whites, all the organs, tissues, membranes, muscles, nerves and bones, are of one and the same color. Wherever the mucous membrane becomes eroded or destroyed by the application of blisters or by ulceration, the part where the cicatrization takes place becomes perfectly white, as well in blacks as whites.

The coloring matter of the skin is no doubt the same as the coloring

matter of other objects in nature, which reflects a similar color. If a man were colored black or brown artificially, although it would greatly disfigure him according to our notion of things, it would not at all change his nature or his capacities. No more can we, philosophically, suppose the black man to differ from the white man, than that the white man would differ from himself before and after he became artificially colored, provided this color were indelible. So far, I mean, as color constitutes a difference.

The coloring matter of the black hair and black eyes of white people, is the same as that which colors the skin of black people, but no one supposes a white person any different in his nature, or inferior in personal beauty or in talents, for having black hair or black eyes. In many, not only the hair on the head, but over the whole body, the eye-brows, the eye-lashes and the beard, are of a black color, the amount of black being, sometimes, sufficient to color the whole skin of a large person. From this, we must infer that the mere color of the external parts of the body does not sensibly vary the nature of the individual.

If the human race ever were of the same color, that color can now only be reproduced by a composition of all the colors which diversify the complexions of mankind. By a composition of the color of the Chinese, of the European, of the African, and of the American Indian, a color would probably result very nearly resembling that of the inhabitants of Arabia. This color, then, if the species ever were of one and the same color, must have been that color. It is possible that the color of the whites may not be convertible into any other color, unless by commixture of blood. It is possible also that the color of the Africans may not be convertible into white, under ordinary circumstances, by any other process; and yet, a color resulting from a commixture of all the different colors of the race, be re-convertible into all the colors of which that color is composed. The supposition I wish to convey is this, that if the whole human species were uniformly mixed, as whites or as blacks are now mixed; a color would result which would be re-convertible into all the colors of which it was composed, whenever such a commixture ceased to exist; although neither of the extremes of such a color, which I suppose to be the color of the clear whites and the clear blacks, would be capable of such a re-conversion.

In the reproduction of the human species, two opposite tendencies are observable, the one to a similitude of form, features and color, and the other to a dissimilitude in the same respects. No two individuals, however closely allied by birth, present a perfect resemblance. Dissimilitude is a result as inevitable as a resemblance. A variation in the shape, in the features and in the color, is easily recognized in every family of children. A greater variation is observable between members of different families. And a still wider variation is observable between people of different nations and languages. The variation in shape, features and color, between the English and French people, is so remarkable as to designate them all over the world, wherever the two nations are known. The more a community of people intermarries with itself and separates

from every other community, the nearer it comes to a common resemblance in form, features and color; and the further it deviates from every other community in this identity of likeness.

These two natural tendencies, the one to similitude and the other to dissimilitude in the conformation of the human body, may be denominated the *physical latitude allowed by nature in the reproduction of the human species*. The same latitude is observable in the reproduction of every other species of animals; and even of vegetables. This latitude exists independently of all external causes. It results from the organization of the species.

In cases where a white man marries a black woman here, their children partake equally of the color of the father and mother. A color is reproduced, compounded equally of the color of the parents. The color is literally halved. But, at the same time, it must be remarked that no greater alteration has happened in the color of the skin, than in the form and features of the children. Both in the form and features of the children, the original dissimilitude of the parents is partially lost. The short curly hair and the broad flat features of the mother, and the long light hair and the narrow sharp features of the father, are equally divided in the children. If these children continue to marry only among whites, in a few generations, all traces of the African color as well as form and features are obliterated. The race has become white.

On the contrary, if a white man goes to Africa and marries a black woman there, and their children keep on mixing only with the blacks, the fourth generation will be complete Africans, with short, curly hair, black skins, and all the other peculiarities of form and of features, which characterize the African people; in a word, the white man is lost—his color, his form and his features have become divided and sub-divided until nothing is left. The race has become black.

In this illustration it will be noticed that the color of the skin is produced and obliterated in the same way with the form and the features. The color of the skin, then, evidently results from the *physical latitude allowed by nature in the reproduction of the human species*. The form, features and color of the African may be regarded as the terminating points of this latitude on the one hand; and the form, features and color of the whites, as the terminating points on the other. All the resemblances among the whites themselves, and all the differences between whites and blacks, must result from this latitude. The physical difference, then, between a black man and a white man, is of the same nature with the physical difference between any two white men, or any two black men, since the difference results from the same cause and is reducible by the same process.

If all the people of the earth, 800,000,000 in number, were to be arranged in a straight line as thick as they could stand, exactly according to their color, beginning from the whitest and ending in the blackest, it would be impossible to tell where the white race ended and the black began. We should find no line of demarkation between them. The white runs imperceptibly into the black. It is only by taking one from

either extreme that a difference is observed. But although we observe such a wide difference between the individuals taken from each extreme of this long line, the difference is of the same nature with all the lesser differences; it is completely annihilated in the course of the reproduction of the species, precisely like the smaller dissimilitudes.

Black and white are apparently extremes of the human color; as large and small, tall and short, are the extremes of the human size. All these peculiarities are determined in the reproduction of the individual.

[To be continued.]

EPIDEMIC ERYSIPELATOUS FEVER.—NO. IX.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 443.]

At what period shall Bloodletting be performed? In common cases of an inflammatory nature, either local or general, the earlier in the disease the sanguineous abstraction is made, the better; but in this disorder instances occasionally occur, in which no depletion of this kind may be required till several days after its regular progression. The demand for this remedial measure may then be produced by a re-percussion of the local affection to some vital or internal organ, inducing all the phenomena of hyperæmia, and require bleeding as much as sanguineous apoplexy of either the brain or lungs. These cases require the greatest caution and circumspection. They are liable to be mistaken for a collapse; a mistake which would be fatal.

CASE IV.—Mrs. Barrows, of a slender habit, on the fourth day of the disease had a metastasis from the throat to the brain and face. She experienced what she termed “a faintness at the stomach”—thought she required food; face erythematic, head oppressed, dull and heavy, not easily aroused, and then apparently only half conscious; tongue coated, dry; skin preternaturally hot—not intense; pulse 140 per minute, contracted, wiry. Sixteen ounces of blood were taken, when the pulse softened and became fuller. All the symptoms were mitigated. On the second, third and fourth days after, the same train of vascular excitement and local hyperæmia recurred, and at each time venesection subdued them. The face, whole scalp and neck became successively covered with erysipelatous inflammation and tumefaction. Alvine motions were daily produced by the use of calomel, and the cutaneous transpiration promoted by the use of antimonial powder, and the morbid sensibility allayed by the use of sulphate of morphine. The local irritation was in some degree mitigated by the application of a tepid solution of the nitrate of silver. On the eighth day, sulphate of quinine was administered to sustain the system, and on the ninth convalescence became established. Desquamation of the cuticle ensued over the head, face and neck. In this instance I had the aid of my friend, Dr. A. Hall, of New Haven.

V.—Mrs. Hammond, a near neighbor of Mrs. B., was seized with the complaint June 2d, 1842. At the onset there were the ordinary chills,

fever and internal affection of the throat. Without any very efficient medication the disease pursued its usual course, the local affection left the internal surface of the fauces and became distinct on the face and neck, and gradually, as usual, moving about. All the symptoms of the complaint were of a mild character till the night of the sixth day of the disease, when she became delirious, restless, and finally stupid. Early on the morning of the seventh day of her complaint I found her comatose; skin shrivelled, especially over the late erysipelatous manifestation on the face and throat; pallid; extremities cold; pulse moving over 140 per minute, soft, irregular. She was immediately put on the use of an aqueous saturated solution of cinchona with aromatics, alternated every hour with sulphate of quinine; stimulating applications were made to the surface, and the tincture of cantharides given as circumstances might require. This course was pursued for two days, and increased or diminished as the system became roused or sunken, when convalescence was established at or near the close of the ninth day from the accession.

These two instances present, in bold relief, the contrast in the pathological states of the system in which an analogous train of symptoms may exist, and may require a directly opposite mode of treatment for their successful removal. In the case of Mrs. B., to be sure, there was not such a degree of stupidity as in that of Mrs. H., and yet it is evident that in a few hours, without depletion, there must have been such an engorgement of the brain as to have rendered her equally comatose. In each case, the local translation was manifestly to the brain, and had it not been rebutted by the appropriate measures must have proved mortal. "*Nullum ego cognosco remedium, nisi quod tempestivo usu fiat tale.*"

VI.—Mrs. Allen, on the fourth day from the accession of the disease, had the local erysipelatous affection of the throat and face, without any obvious cause, change suddenly to the bowels. The abdomen became tense, extremely sensitive and painful. The pulse rose from 90 to 136 per minute, small, hard. In accordance with my own views and those of my medical friends and neighbors, Drs. E. Tudor and Z. Bass, twelve or fourteen ounces of blood were immediately drawn, anodyne fomentations applied to the bowels, and the usual antiphlogistic means used to promote perspiration. The symptoms were meliorated, but in twenty-four hours they again became more aggravated. The loss of ten or twelve ounces more of blood obviated the difficulty. *Ol. ricini* was used to excite the daily action of the first passages. Convalescence became established on the eighth day from the attack.

These cases are not brought forward as subjects of imitation without cautious scrutiny, but with a view to present in their true light two important remedial measures, when properly adapted to existing exigencies. Bloodletting in those instances of hyperæmia of any of the internal organs, especially when the disease is of an erysipelatous character, cannot be too highly prized. In the mean time, it cannot be too strongly impressed on the mind that congestion may take place from atony as well as from hyperæmia, and that in the former stimulation is as urgently demanded as depletion in the latter. In each of our erysipelatous epide-

mics, instances in which bloodletting has been indicated, compared with the many in which it has been neither required nor practised, have been few. And yet it is an obvious fact that some cases have been saved by venesection, without which death must have been the inevitable result. In my own person, in 1826, I was immediately relieved from the severity of the pain by its employment, and my friend, Dr. H. Hatch, of Burlington, experienced similar effects from its use in his own case in 1842.

Dr. Schedel, in Tweedie's Medical Library, on the treatment of erysipelas, makes the subjoined excellent practical remarks:—"Should the disorder be severe," he says, "bloodletting, local and general, emetics, purgatives and antimonials, must be employed as circumstances require, due regard being paid to the powers of the patient, and to the prevailing constitution. In general terms, bleeding to be serviceable must be practised boldly. In young and vigorous persons, affected with severe erysipelas of the face, venesection, and the application of from twenty to thirty leeches behind each ear, commonly produce the best effects; in cases of less severity, the bleeding may be dispensed with, and emetics, aperients and saline antimonial medicines employed."

Alteratives.—Many of my medical friends have been in the habit of commencing the curative process, in this disease, by the use of the combination of ipecacuanha or tartarized antimony with calomel, in sufficient quantity to produce free emetic and cathartic operation. This plan has much in its favor, and has often been attended with success. Its tendency is to equalize and induce a healthy action, to interrupt the forming disease, and to promote a salutary perspiration. To this scheme, if the complaint have not been arrested, has succeeded the ordinary use of mercurial alteratives, in combination with some antimonial or the compound powder of ipecac. The object has been to produce a constitutional impression and induce ptyalism, and by this means interrupt the disease. My views on the subject of shortening the regular duration of the complaint have already been given. The plan, however, I wish neither to commend nor condemn, in ordinary febrile action. I must honestly admit that my early anticipations of the influence of mercurial medicines over every species of general pyrexia, have not been realized. As early as 1815, when what was called bilious typhus, probably *typhoid fever*, was endemic, I lost several cases in whom ptyalism and general mercurial impression appeared to have been in a most favorable state. Since that time, numerous other similar instances have fallen under my observation, in which a mercurial action has proved ineffectual wholly to control the disease. The opinion advanced by Mr. T. Clark, in his observations on the fevers and diseases of the West and East Indies, will, when carefully tested by experience, be found generally correct. "Nay, it has often appeared to me," says he, "that when it (calomel) has removed the disease in the first instance, it has laid the foundation for a relapse which has proved fatal. The excessive debility occasioned by a violent mercurial course readily accounts to me for such consequence." Upon the same subject, Mr. Annesley, in his medical sketches of the East Indies, very appropriately remarks, "Those who prescribe five grains of calomel every

three or four hours, with a view of inducing the constitutional effects of mercury, *produce much greater irritation of the alimentary canal*, are longer in obtaining their object, and exhibit much more calomel for the removal of the disease, than those who give twenty grains only at bedtime, with a purgative in the morning, and a saline diaphoretic through the day. This latter dose acts as a sedative to the irritable stomach, while smaller doses increase the irritability of this viscus when it is present, and often induce it where it was previously absent." In my practice, in the late erysipelatous epidemic, I have not used mercurial medicines in more than half a dozen instances during its prevalence; in no case simply to obtain its alterative influence. In each case it has been used after the violence of the pyrexia had in a measure been subdued by previous depletion; and it has been exhibited to allay morbid irritability of the first passages, or to remove congestion of some organ. When used, calomel has been selected, and always given in full doses, and usually in combination with the sulphate of morphine.

[To be concluded in next No.]

SUDDEN ATTACK OF INSANITY, AND INSTANTANEOUS RECOVERY.

[THE following case is recorded by Dr. Brigham, of Utica, in his new "Journal of Insanity."]

Mr. ———, aged 48, had uniformly enjoyed good health until the summer of 1842, when he complained some of not feeling well, was weak and dyspeptic, and in November had what was supposed to be a slight paralytic attack. For this and severe pain of the head he was bled *seven or eight* times, took cathartic medicines and was blistered largely. He remained dull and disinclined to exercise for five or six weeks, when he became suddenly deranged. The immediate cause of his derangement was the entrance of a sheriff to take his property for debt.

Early in March, 1843, he was admitted into the Asylum. He appears idiotic, timid, thinks robbers are pursuing him; is inoffensive, and readily submits to whatever is requested, with the exception of being shaved, because, he says, "It will take away his strength, and he cannot consent to it until after the war is over."

The second day after his arrival, he was told in a decided manner by the physician that the war was ended. "Is it," says he, "what has General Jackson done with those rascals, hung them?" Answer, yes. "Hurrah, hurrah," he exclaimed, "that is right, I will now be shaved;" and readily and pleasantly submitted to have his beard of some six weeks' growth removed.

He had a warm bath, and as he was feeble and pale, he was put on an invigorating diet and the use of tonics. He took large doses of the precipitated carbonate of iron, combined with the extract of conium, three times a day, and his general health and appearance began to improve. His appetite became good, and he sleeps well. During the day

he amused himself by talking and laughing with other patients, and in playing cards and other games.

A few weeks after this he was invited into the office of the Superintendent, with whom he conversed some time in his usual disconnected manner, as if he did not know what he was saying, when looking around, he asked, "Was I ever in this room before?" He was told he was when he first came. He then asked, "What town is this?" Answer, Utica. After reflecting a short time, he remarked, "Then I am in the Lunatic Asylum I know." From that moment his mental powers were restored.

Instead of returning the same evening to the apartment he had occupied, he was placed in a different story of the building, and in the morning, when he was informed that he had heretofore occupied another, he was anxious to visit it, but on returning to it, he had no recollection of ever having been there before; and although he recollected his associates, he had not the least remembrance of anything he had said or done since he had been at the Asylum, until the evening alluded to. The last thing he recollected was the entrance of the sheriff, as we have mentioned. He was discharged well, and still enjoys good health.

Was not the delirium in this case produced by the excessive loss of blood? Cases somewhat analogous, and which may serve to elucidate this, may be found in Marshall Hall's "Researches relative to the Morbid and Curative Effects of Loss of Blood."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 17, 1844.

Tubercular Leprosy in New Brunswick.—Mention was made in the Journal, some months since, of a species of leprosy in the British Province of New Brunswick. The only particulars then known of the disease were obtained from the papers of the day, and of course were anything but satisfactory to the medical inquirer. In the London Medical Gazette for June 14, is a communication drawn up by Mr. A. S. Skene, Surgeon of the Army, who was one of a commission appointed by the Lieut. Governor of New Brunswick to investigate the whole subject. Mr. S. satisfied himself that the disease in question was *tubercular leprosy*, or *elephantiasis* of the Greeks—the *lepra tuberculosa* of authors. He quotes the definition of the disease by Dr. Copland in his Medical Dictionary, and then reports several of the nineteen cases which came under his observation, to show the identity of the symptoms. The following is Dr. C.'s definition.

"Dusky-red or livid tubercles, of various sizes, on the face, ears and extremities; thickened or rugous state of the skin, diminution of its sensibility, and falling off of the hair, except that of the scalp; hoarse, nasal, or lost voice; ozæna; ulcerations of the surface, and extreme fætor."

The first case of the disease is said to have occurred in 1817, in a

married woman, which terminated fatally in 1829. Her husband took the disease three or four years before her death, and died in 1831. Since then, the disease seems gradually to have extended itself. Only 12 patients have as yet been known to die of the disease, and in the fatal cases reported death did not take place till six or eight years after the attack. In some cases but one in a family was affected, and in others there were more. Mr. S. supposes it has been communicated by hereditary taint and by contagion, though he thinks it is never likely to become epidemical. No *post-mortem* examinations have been made of those who have died. He knows of nothing peculiar in the climate, or the diet or habits of the people, which could be considered as contributing to the commencement or continuance of the disease. With regard to the treatment, we copy all the remarks made by him.

"This is either active, palliative, sanatory, or preventive. With regard to the two first, the commission did not feel authorized to offer any observation to the Government of New Brunswick; while in respect of the two latter, they unanimously recommended the erection of a lazaretto, strict seclusion of the lepers in this establishment, and legislative sanction for the removal of those patients who, while medical authorities were adjusting their differences, might introduce the seeds of a most loathsome malady into one of the most populous districts (Chatham) of this flourishing colony."

In the symptoms of the cases reported, there is in many instances a striking similarity to those mentioned by Kendall in his account of the Leper Hospital of Mexico, which may be found at p. 394 of this volume of the Journal.

The Eccaleobion.—The admiration of all classes of people has been wonderfully excited, in Boston and New York, with the results of this life-producing machine. Physiologists, we think, may profit by its developments. Those who have examined the celebrated plates of Mr. Hunter and some of the later writers, illustrative of the changes effected by incubation, and every one interested in natural history, would reap a great amount of satisfaction by visiting the Eccaleobion. Six eggs are every morning broken and displayed in saucers, where, by the assistance of good glasses, the incipient beginnings of life are manifested, from the first to the sixth day of incubation. By several visitations the process may be watched up to the twenty-first day, when the chick liberates itself from its prison, heavier than the whole egg was at first. In a few hours after exposure to the proper temperature, the small spot on the yolk of the impregnated egg, which contains the embryo of the future chick, may be observed by the microscope to be changing, a humid matter having formed within its limits. This change is more and more apparent, and increases in interest, during the whole process above mentioned. Whatever may prove to be the state of the body of the creature thus produced, as an article of food, and whatever change may be brought about by this artificial increase of nutriment for mankind, the process of incubation thus spread out before our eyes is of itself a most deeply interesting one, and should be examined by at least every medical man.

Transylvania Circular.—A quarto sheet, with the title in capitals like a newspaper, Vol. I., No. 1, is abroad. It is a novel mode, at least, of making up a prospectus, and will be likely to gain the attention of medical readers. Dr. Leonidas M. Lawson, editor of the *Western Lancet*, who resides at Cincinnati, has received the appointment of Professor of General and Pathological Anatomy and Physiology. Dr. Lotan G. Watson has taken the chair of Theory and Practice, recently vacated by Dr. Bartlett, now of the Medical School of Baltimore. Dr. James M. Bush takes the professorship of Special and Surgical Anatomy.

From the circular, it is apparent that the institution is as vigorous as ever, and contains as many elements of thrift and usefulness as at any period of its history. Not long since, there was a floating story that some difficulty existed in the board of faculty, that threatened the cohesiveness of certain functionaries; but there appears to have been more smoke than fire.

An impression is fast gaining upon the medical as well as non-medical public, that there are too many medical schools in this country. If they are all well sustained, and each endeavors to raise the standard of education, and pursues an unobjectionable system of instruction, the number is not too large. A neglect of that thorough course which can alone fit young men for the multiplied responsibilities of professional life, would be a valid argument against the operations of any one of the number now in legal existence. Population is increasing exceedingly fast in the United States; and although the professions are all overstocked in the old towns and cities, there are new States and territories where there is ample sea-room for thousands who have hardly entered upon the active business for which they were prepared. From a careful analysis of the present state of the schools, we are inclined to think that new ones will be chartered before any of the old ones are abolished. They will spring up in Iowa, Arkansas, Texas, and by-and-by raise their heads beyond the Rocky Mountains. With this prospect, it behooves those now enjoying a reputation to make renewed exertions for maintaining the character they have so justly accorded to them by a discriminating public sentiment.

Anatomical Atlas.—Some time ago mention was made of the commencement of an excellent publication bearing the above title, by Dr. H. H. Smith, of Philadelphia. It had then reached Part II., since which no further intelligence has been had of the work. The proposition was to complete it in five parts. We presume, therefore, the enterprise has been suspended by the publishers, for some good reason, for the present. If such is the fact, the genuine lovers of anatomical pursuits will regret it exceedingly. All the illustrations of Part II. were admirably executed, and with a fidelity that was calculated to make a great circle of friends for those most interested in its reputation.

While on the subject of anatomy, it strikes us that some one ought to prepare a pocket manual to explain the best methods of preserving preparations, wet or dry. Most of the better varnishes, now in use, offer little or no resistance to the tiny jaws of vermin; and with regard to glass jars, it seems almost impossible to seal them closely enough to prevent the escape of their fluid contents by evaporation.

Once more—there is much poverty of skill exhibited in dissecting rooms, in this country, in the preparation of bones. They are neither white nor free from an oily feeling, which never appertains to those brought from France. Perhaps skeletons and morbid specimens are better prepared in Paris than anywhere else. This may be the result of reducing the business to a regular system. Dealers in bones must put them in first-rate condition, if the character of the market is to be established.

Journal of Insanity.—In a preceding page will be found an extract from the first number of a periodical with this title, published in Utica, N. Y., under the superintendence of the officers of the State Lunatic Asylum in that city. It is to be published once in three months, each number containing 96 pages, at \$1.00 a year. It is in good hands, and we most heartily wish it success. The following "Notice" will explain the object of the Journal.

"The object of this Journal is to popularize the study of insanity—to acquaint the general reader with the nature and varieties of this disease, methods of prevention and cure. We also hope to make it useful and interesting to members of the medical and legal professions, and to all those engaged in the study of the phenomena of mind.

"Mental philosophy, or metaphysics, is but a portion of the physiology of the brain; and the small amount of good accomplished by psychological writers, may perhaps be attributed to the neglect of studying the mind, in connection with that material medium which influences, by its varying states of health and disease, all mental operations.

"We regard the human brain as the *chef d'œuvre*, or master piece of creation. There is nothing that should be so carefully guarded through all the periods of life. Upon its proper development, exercise, and cultivation, depend the happiness and highest interests of man. Insanity is but a disease of this organ, and when so regarded, it will often be prevented, and generally cured, by the early adoption of proper methods of treatment."

New Medical Catalogue.—A very complete and comprehensive catalogue of all the new publications on medicine, surgery, anatomy, midwifery, materia medica, medical jurisprudence, &c., has been issued by Messrs. Ticknor & Co., which will be of much service to the profession. It gives the exact titles, the number of volumes by the same author on any particular subject, and, in a word, explains just what a stranger wishes to know, who is about making a purchase. The more freely they distribute this catalogue, the better it will be both for the house and the buying public.

Dr. Bell's Select Medical Library.—The No. for July comes to us with enlarged dimensions—a volume of over 500 pages—comprising the whole of Dr. Robert's Lee's valuable Lectures on the Theory and Practice of Midwifery, delivered in St. George's Hospital, London. These lectures were first printed in the London Medical Gazette, but were revised by the author for a separate edition, from which the present is strictly copied.

St. Louis Medical School.—The annual announcement of the Medical Department of the St. Louis University is before us. The faculty is now complete, and a favorable representation is given of the advantages possessed by the School for imparting medical instruction. At the commencement in February, the degree of M.D. was conferred on nine graduates, and the honorary degree on Howard Watts, of Madison, Indiana; and John H. Polin, of Springfield, Kentucky.

Insane Poor of Connecticut.—We are gratified to learn that the Connecticut Legislature have made further provision for the insane poor of that State. Resolutions have passed both Houses, authorizing the Governor as Commissioner to make a contract with the Insane Retreat at Hartford, for the reception of insane poor persons whose parents or guardians are not able to bear the expense; and to appropriate hereafter \$5000 per annum.

On Strangulated Hernia.—A man, ætat. 28, was affected with strangulated hernia; during three days, various remedies were employed to facilitate reduction, but without effect, and the characteristic vomiting had already appeared. In this dilemma, Dr. Schulze, of Spandau, prescribed: pulv. ipecacuanhæ grs. v., to be taken every half-hour; after the administration of a few doses, the hernia was easily reduced.—*London Medical Times.*

TO CORRESPONDENTS.—Dr. Comstock's paper on Consumption, Dr. Haynes's report of the case of Dr. Prescott, Dr. Tabor on Tobacco, Dr. Lacombe, of Puerto Cabello, on Smallpox, Dr. Stevens on the use of Belladonna, and Dr. Dillingham on Anomalies of the Teeth, have been received.

MARRIED.—In Philadelphia, Francis H. Gray, M.D., of Boston, to Miss H. Regina Shober, of P.

Number of deaths in Boston for the week ending July 13, 31.—Males, 15; Females, 16. Stillborn, 4.

Of consumption, 2—dropsy in the brain, 1—lung fever, 1—drowned, 1—typhus fever, 2—scarlet fever, 6—inflammation of the bowels, 1—anæmia, 1—brain fever, 4—infantile, 3—intemperance, 1—tubercular disease of the brain, 1—child-bed, 2—dropsy, 1—liver complaint, 2—debility, 1—erysipelas, 1—old age, 1—disease of the kidneys, 1—unknown, 1.

Under 5 years, 14—between 5 and 20 years, 2—between 20 and 60 years, 14—over 60 years, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49'. Elevation 483 ft.

June.	Therm.	Barometer.	Wind.	June.	Therm.	Barometer.	Wind.
1	from 54 to 74	from 29.36 to 29.45	S W	16	from 50 to 75	from 29.50 to 29.68	W
2	56 72	29.33 29.36	S W	17	55 75	29 39 29.44	S W
3	55 69	29.39 29.45	N E	18	64 72	29.29 29.34	S W
4	44 68	29.49 29.51	N E	19	66 87	29.26 29.32	S W
5	54 70	29.44 29.53	S W	20	68 80	29 21 29.30	W
6	52 73	29.32 29.39	S W	21	64 77	29.30 29.35	N E
7	64 72	29.22 29.35	N W	22	59 61	29.11 29.30	N E
8	54 66	29.29 29.56	N W	23	56 74	29.21 29.37	N W
9	53 65	29.13 29.48	S W	24	58 80	29.30 29.36	W
10	57 68	29 21 29.27	W	25	66 85	29.27 29.30	S W
11	44 64	29.41 29.61	N W	26	68 87	29.30 29.40	S W
12	44 71	29.70 29.75	N E	27	70 81	29.37 29.39	N E
13	50 69	29.63 29.75	S W	28	70 88	29.25 29.30	S W
14	53 72	29.54 29.59	N E	29	57 70	29.37 29.54	N W
15	50 74	29.73 29.78	N E	30	51 72	29.59 29.63	S W

Range of Thermometer, from 44 to 88. Barometer, from 29.11 to 29.78. Amount of Rain, 1.92 inches. Frost on 12th.

The Modern Metempsychosis.—"Well, and the souls of unworthy practitioners, what becomes of them?" It was thus that I was interrupted in the exposition of my system of cosmogony by my friend Bennet; and I will own I was gravelled by the question; for I found these souls even as difficult to dispose of in the other world as they are in this, and in my system of cosmogony I had not thought of the destination I should give to the souls of ignorant and unworthy practitioners of physic, of charlatans, and of those who live upon the credulity of mankind. But in a true system—and I hold mine to be incontestable—all the details come with the aid of a little reflection to range themselves harmoniously together; and having rubbed my brow for a moment, and scratched my ear, I delivered myself thus: The souls of unworthy practitioners, my dear Bennet, pass into the bodies of the animals which M. Magendie tortures and cuts up alive in his physiological experiments. This expiation appears to me most logical and legitimate; you may be certain that the dog whose sensible nerves the professor of the College of France is now busy pinching and pulling, the rabbit whose spinal marrow has just been exposed, and the guinea-pig whose chest, laid open, permits the palpitation of the heart to be seen, were so many unworthy practitioners of the by-gone ages, who now expiate their barbarities, their effrontery, and their cupidity; all their cries of suffering are but accents of contrition and of imprecation vented by their souls upon the rack. Ah, Messieurs les Charlatans! you that were and are materialists, without faith, without religion, without morals, without probity, because you acquired ample riches by indefensible means, and enjoyed your good fortune grossly, you thought yourselves beyond the reach of punishment! No, no, sooner or later, one day or another, frog or salamander, guinea-pig or dog, your feet nailed to the table, another Magendie will hold you under his scalpel, will pinch and irritate your nerves, cauterize your plexuses, pierce your ganglions, and galvanize your muscles! And you, gourmand, you that make a god of your belly, to which you sacrifice all that is noble in human nature, beware! I see another Orfila in perspective infusing some abominable drug or deadly poison into your stomach, tying your œsophagus, and, watch in hand, counting the minutes and the moments of your tortures! Beware, I say!—M. RAIMOND, in *Gazette des Hôpitaux*.

A New Method of making Pressure in Uterine Hæmorrhage.—An anonymous correspondent of the Provincial Medical Journal thus writes:—"I found my patient (a delicate lady, with her seventh child) in a state of syncope; some large concula were discharged in the bed, and the uterus was expanded to full half its size before delivery. Fortunately, the nurse and sister were both women of firm minds; one forced some brandy into the mouth, while the other applied stimulants to the nostrils. I immediately passed my left hand into the uterus, and emptied it, while with my right hand I made pressure externally; contraction took place, and my patient rallied. I now took out my *new-fashioned bandage*, 'Salmon and Odys's patent single truss,' and applying the circular pad to the abdomen, and the other to the spine (reversing the usual method), outside the clothes, I made a firm and most agreeable pressure, which was continued for several hours, to the great comfort of my patient.—*London Medical Times*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JULY 24, 1844.

No. 25.

ON CONSUMPTION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Is consumption primarily a disease of the bowels? The very question may, perhaps, subject the querist to the imputation of medical heresy, or mental imbecility. Still, the uniformity of its termination in diarrhœa gives some countenance, if not plausibility, to the opinion. This did not, however, originally suggest the idea. It was this—that those cases which were most indubitably and unequivocally marked as phthisical, were at their commencement or progress accompanied with a pain in the side *below the diaphragm*. This has been so uniformly the case, that I have learned, latterly, to prognosticate unfavorably when such a fearful diagnostic has attended.

A pain in the side is mentioned by all writers; but that it is usually, or ever, in the region of the short ribs, or below the midriff, I have never seen stated by a single one. Nor do I assert that the pain is not in the thoracic region in many cases; but such are of a less sombre cast, more tractable, more obedient to palliatives, and not so absolutely incurable. For that consumption is sometimes cured, a majority of great names admit, although a very respectable minority deny. The pain which is usually found to exist upon inquiry, is not in very many cases mentioned by the patient spontaneously, nor is the cough. When there is pain in any part of the thorax, with a pulse that will admit of bloodletting, the case is more favorable than when it is in the sides of the abdomen. For when the pain is below the diaphragm, the pulse absolutely prohibits that evacuation. Hemoptysis is of itself not so formidable when the arterial action will allow the loss of blood, as when it will not; nor so much to be dreaded when it is the first symptom of phthisis, as when it occurs in its progress in small streaks mixed with purulence. And after all that Dr. Cullen has said, it is to be regarded rather as a sequel of phthisical tendencies, than the cause of phthisis itself.

Who, that has been much conversant with consumption, has not known its symptoms vanish and his patient recover, by the bursting of an abscess in the lungs? Night-sweats, swollen legs, hemoptysis, cough, fever and purulent expectoration, contrary to our anticipations, all disappear. A laboring man often passes by, who, after all these, is now able to perform as much at shovelling, hoeing, and other laborious occupations, as the most

robust of his class. But when the lung affection is a metastasis of bowel complaint, we do not find such a favorable result. Hence, an acute pain in the chest is more propitious than such an one as we are not informed of until we inquire.

A disease which, it has been calculated, carries off one fourth part of the inhabitants of Europe, and, by actual enumeration by Dr. Walters, City Inspector, one sixth of those in New York, claims the most minute scrutiny. That it is a metastasis from the digestive organs upon the pneumonic, and, in the last stage, *vice versa*, when diarrhoea occurs, receives support from various considerations. The most celebrated physician for the cure of consumption, so far as we know, ever bred in America, was Dr. Senter, of Newport, R. I. His mode of treatment was long since transferred from a Philadelphia periodical into the Edinburgh Medical Commentaries. It consisted, prominently, of emetics composed of ipecac. and sulphate of copper—both of which articles have been much and justly extolled in bowel complaints. And now the consideration forcibly arises, that were there not something specific in these substances in their action upon the alimentary canal, any other emetic would have been equally beneficial—because upon the lungs we cannot conceive of any difference. Sea-sickness, or, anything which produced vomiting, would, so far as related alone to the lungs, have the same effect. But in the treatment of phthisis Dr. Senter found so material a difference, that he relied alone on this combination as an emetic.

The connection betwixt the lungs and intestinal canal is again manifested by expectoration being suppressed by colliquative diarrhoea; and, further, by what M. Louis tells us; that in an eighth part of his numerous cases, diarrhoea *set in with the main disease*—although I may remark that this proportion is far greater than has occurred in my own practice. That phthisis pulmonalis is a transferred disease, receives another confirmation, when we consider that when the transfer or metastasis is to the brain, the lungs cease to be affected, and the patient recovers of his hectic symptoms—at least sometimes.

Tetanus and trismus affect the spine and the jaws. But the cause often is a puncture with a fork in the foot. Consumption is found in the lungs, but is often a metastasis from the bowels. Let the latter absorb our attention, since remedial agents to the former have in all ages and in all countries hitherto failed. And we cannot but hint to those who have opportunities for making *post-mortem* dissections, not to neglect to look at the state of the alimentary canal, in its whole extent. Since we were impressed with our present pathology, but one instance has occurred to us of such an opportunity; and this was declined, on account of the body the day after dissolution putting on the signs of rapid sphacelation—the sides of the abdomen having thus early become of a dark-greenish blue. It was that of a young man, aged about 28 years, who had rode out the day before his decease—a proof of what not very unfrequently occurs, of chronic disease ending suddenly in death. “Such is the sympathy between the organs of respiration and the alimentary canal in its whole extent, that we have frequently a cough produced by the stimulus

of acrid matters, whether acidities, bile, worms or viscid mucus, collected either in the stomach or small intestines, and sometimes by ascarides, or even by the usual irritation of *fæces* in the rectum.”*

A milk diet, so celebrated in the treatment of phthisis, can only be appreciated as to its effects by its primary action upon the intestinal canal; and so also of mucilages, and Iceland moss. Bleeding and the antiphlogistic regimen are now only to be named for their uniform *fatality*. They are equally ill adapted to hectic as to those disorders of the alimentary canal above enumerated.

Three years ago this present month of May, I was called to a married woman of about 35, with all the last symptoms of consumption. She was hardly expected to live the day out, and I met a clergyman there who was summoned to perform religious duties for one supposed about to leave the world. That woman is now alive, but not well;† although she is rid of night sweats, diarrhoea and bloated limbs, nor has she purulent expectoration. The formula of medicine which apparently saved her life, and which she still continues, is as follows:—Tinct. ferri muriati, solution morphia, ââ ℥ j. ; sulph. quinine, grs. xvj.; syrup simp., ℥ viij. M. Dose a teaspoonful (sixty minims) three times a day.

Since writing the foregoing, I have noticed that Dr. Marryot, of Bristol. Eng., who, I believe, in his day was very celebrated for the cure of hectic, used the identical emetic (blue vitriol and ipecac.) which did Dr. Senter, every morning. Nor does it appear that they had any knowledge of each other, as it is supposed that Dr. Marryot's plan originated with himself.‡

That our views in the treatment of phthisis must be pointed in some other direction than to the lungs themselves, seems to be proved from the failure of change of abode, of warm climates, factitious airs, or sea-voyages. A consumptive physician of my acquaintance went from this town to the southward, and died at Charleston. Another went from Providence, R. I., and died in the West Indies. Of sea-air and sailing, I have to relate the following cases, strikingly evincive of their unimportance. Capt. Thomas Griswold, from Lyme, in this State, was commander of a ship in the Canton trade. He sailed from Canton May 12th, 1839, and had a passage of 135 days to New York. On this passage he was seized with cough, expectoration, and such night-sweats that he not only saturated his personal apparel, but his blankets, quite through. On his arrival at New York, he was pronounced by his physician to be in consumption, and sent to South Carolina, accompanied by his brother, where he died. This brother gave me these particulars, and has since died with the same disease himself. He married an English lady, and went with her to England; and agreeably to the prejudices of her countrymen, she and her husband went thence to the island of Madeira. Here was sailing, changes of air and a warm climate, all experienced by

* Townsend's Elements of Therapeutics, p. 154. London edition.

† She probably would have been well ere now, could she be prevailed on to make a sufficient use of animal food, which from some hallucination she refuses.

‡ Dr. Marryot gave copaliba, and was very much attached to it, in doses of twenty drops, night and morning, upon sugar.

this amiable and excellent young man ; yet there his widowed wife left his bones. Those who recollect him and his fate will feel a tearful eye, if they do not drop a tear. The mother of these two young men is still living, and never was consumptive. Their father died many years since, but not with consumption. And the grand parents on the side of both father and mother never had any phthisical complaint. So that the disease was filial or fraternal, rather than hereditary, in these cases.

Lebanon, Conn., May, 1844.

JOSEPH COMSTOCK, M.D.

¶ A circumstance mentioned to me by Capt. Griswold's brother, and taken down at the time in my notes of his case, I will here mention, although it may not have any bearing strictly on the medical history. Off the Cape of Good Hope, as he was on his way from Canton to New York, his cook murdered the steward. Capt. Griswold, then in consumption, arrested the murderer with his own hand and brought him on deck.

CASE OF THE LATE J. C. PRESCOTT, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I send, for your Journal, the following account of the disease and *post-mortem* examination of J. C. Prescott, M.D., of Concord, who was much respected by the profession in this vicinity, and had gained many friends among the sick and afflicted by his kind attentions and skilful administrations. Dr. P. had been in this place only about one year, but during that time he had gained the undoubted credit of being a good physician, a good citizen, an indulgent husband, a kind father and a consistent christian.

Sunday, Feb. 4th, I was called to visit Dr. Prescott, who was seized Saturday evening with pain in the abdomen. He took some slight palliative remedy on going to bed ; but did not get any sleep, and towards morning took an emetic, which did not relieve him in the least. When I saw the doctor, which was very early in the morning, he appeared to be laboring under an attack of bilious colic, although not so well marked as usual. The tongue was moist and not much coated ; the skin nearly natural ; thirst moderate ; pulse about natural in frequency and size ; urine very scanty and high-colored ; frequent eructations and vomiting of a greenish liquid. We agreed upon the following course to commence with, viz., liberal doses of calomel and opium combined, once in four hours, warm applications to the abdomen, and a cathartic enema once in two hours.

In the afternoon the pain had somewhat subsided, and a dose of spirits of turpentine and castor oil was given, which the stomach retained only a short time. The powders were regularly given, and in the evening a Seidlitz powder was administered, which was also soon ejected from the stomach. The powders, cathartic injections and hot applications were continued through the night. Early Monday morning, Dr. Chadbourne, of this village, being in the neighborhood, and hearing of Dr. P.'s sick-

ness, called before my morning visit, and proposed bleeding, saying "there was great danger of peritonitis."

5th.—This morning I found the doctor with a quick pulse, the tongue rather dry and a little redness upon the centre; skin rather dry; urine very scanty and high-colored; the abdomen a little tense and some tenderness on pressure. The bowels remain unmoved, and the pain very severe if the powders are omitted. Put the doctor in the sitting posture and bled him largely from the arm, which had a very decided effect upon the pulse, without producing syncope. The blood, on standing, was slightly buffed and cupped, with a firm coagulum. In the evening the symptoms were not improved, and a ligature was applied to the arm, and from the same orifice nearly the same quantity of blood was drawn as in the morning, which had a decided effect upon the pulse, and in about twenty minutes the rectum tube was used, and immediately after, the doctor had what he said "appeared to him to be a natural evacuation," although it was far from the proper color and consistence. A blister was applied over the epigastric region, as this was the seat of the most pain and distension. The powders were given with less calomel, and a little more nourishment was allowed. The doctor expressed himself as feeling decidedly better, and I left him for the night, hoping and believing he would be much better in the morning.

6th.—Found the doctor worse, skin dry and hot; urine as yesterday; tongue about the same; pulse quick and soft; some appearance of hic-cough, and the tenderness of the abdomen the same. The blister filled well, and it was dressed with a soft poultice. The conjunctiva and skin have a decided yellow tinge, which Mrs. P. says "has been coming on for several months." The Dr. referred me to a pain in the right side, and on examination found an enlargement extending from the ilium to the floating ribs, and between the ilium and last rib a distinct tumor could be felt, which we concluded must be a diseased kidney. A blister was applied (as leeches could not be obtained), and I requested a consultation. Dr. Chadbourne was called, who recommended a powder of calomel, opium and camphor; if the pain should be severe, a powder of morphia in addition, and the warm bath; all of which were used, and the bath had a good temporary effect. During the day, Dr. Chadbourne was in two or three times, and in the afternoon Dr. Carter, the next-door neighbor, called with him. I returned in the evening, and found the doctor about as when I saw him last. Continued the same treatment through the night.

7th.—Do not find any improvement in the symptoms this morning; tongue, pulse, skin and urine the same. No specific effects of the mercury to be seen. Skin quite yellow, and the urine highly tinged with bile. The evacuations from the bowels frequent since Tuesday, but nothing like healthy feces. This morning the Dr. expressed a wish to see Dr. J. Crosby, of Manchester, who was sent for. In the forenoon, during my unavoidable absence, had a consultation of Drs. D. L. Morrill, S. Morrill, E. Carter and T. Chadbourne of this village, who recommended to continue the calomel and opium, dress the blisters with mercurial oint-

ment, give mucilages for nourishment, and a little wine or brandy and water if a stimulant should be called for. In the evening Dr. J. Crosby arrived, and recommended the continuance of the calomel, considering it the only remedy to be relied upon. Dr. Crosby, as well as all who had seen the patient, considered it a disease of the liver.

8th.—Found the Dr.'s symptoms this morning more discouraging. The pulse small and frequent; skin dry; urine as heretofore; thirst great; and the pain in the abdomen very severe, excepting when under the influence of opium; and at this time the opiate has lost its effect in a great measure upon the system. Dr. W. Prescott, a very respectable physician of Lynn, Mass., and brother to the deceased, having heard by letter of his brother's sickness, arrived this day, and remained with him until his death. This relieved my anxiety in a great measure, notwithstanding he refused to take the charge of his brother. I found it a great consolation to meet one of many more years than myself, of sound judgment, a good reputation, and a perfect gentleman.

9th.—The Dr. has been much more feeble to-day. The dejections very frequent, and some traces of bile to be seen in them. Stimulants, broth and astringents to control the bowels, have been given during the day. Dr. J. Crosby called again to-day, but did not suggest any alteration in the treatment.

10th.—The symptoms decidedly worse; some delirium; frequent hiccough, and evacuations from the bowels very frequent, so much so, as to require astringent injections. The stools becoming quite yellow. The enlargement of the right side on the increase, quite tender on pressure, but the tumor not so distinct as it was a few days since. There has not been any distinct fluctuation in the tumor at any time.

11th.—The Dr. has been quite comfortable to-day. The family feel some encouraged. More quiet sleep, less hiccough and delirium. The dejections frequent, but quite bilious. The tumefaction of the abdomen less, and the tenderness confined to the right side. Complains very much when moved, and is much inclined to slide to the foot of the bed.

12th.—The Dr. to-day has been in every respect worse, and continued to grow more and more so until Tuesday morning, at 3 o'clock, when he died—it being a little more than nine days from the attack.

Post-mortem.—Fourteen hours after death, an examination was made in presence of Drs. D. L. Morrill, S. Morrill, Carter, Tripp, Renton, and Gage, and my students. The body, when upon the table, appeared quite natural, excepting the yellow tinge and a slight fulness of the right side. In making the incisions upon the abdomen, the adeps was found from one and a half to two inches, and as yellow as the skin. In extending the transverse incision down upon the right side, an adhesion was found, and by cutting through it from one pint to a quart of fluid escaped, something the color of chocolate, and destitute of pus, excepting here and there a flocculi having some the resemblance of pus. Not a trace of the kidney could be found, not even its membrane, and the large cavity which extended from the iliac fossa to the concave face of

the liver, was filled with the above fluid. The walls of the sac were hard, and crepitated before the knife.

All of the other abdominal viscera were perfectly healthy, excepting the colon, which formed a portion of the sac, and at this point it was contracted and its coats thickened, it being probably the point of obstruction, at the onset of the disease. The kidney of the left side was natural in size, structure, &c., completely covered with adeps, not far from an inch in thickness, while there was not a trace of fat to be found around the situation of the right kidney. Twelve days before the attack, the doctor was at a fire, which broke out in the State Prison yard, one of the coldest nights in January, and there exerted himself a good deal. Ever after that he complained, as Mrs. P. says, of pain in the right side, and particularly so, when getting in and out of a chair. Was this a latent disease, such as induration or scirrhus, of long standing, kindled up at the Prison fire? or were the seeds sown at that fire, from which should spring so much disease and destruction of that important viscus? Was it a case of acute nephritis, which so rapidly run into the softening stage? or was it chronic nephritis of longer standing? Did the pressure of the tumor upon the neck of the gall-bladder cause the obstruction in the flow of bile? Did the inflammation communicated to the right ascending colon cause the obstruction of the alimentary canal at the outset of the disease?

T. HAYNES.

Concord, N. H., July, 1844.

AN ESSAY ON THE HUMAN COLOR.

[Continued from page 479.]

THE human color has been generally supposed to be the effect of climate, especially of heat and cold; but this is most evidently an error. In the same family of white children, in the same climate and in the same house, where all external circumstances are apparently the same, the complexion of one child will be a dark brunette, its hair black and curly, and its eyes black; while the complexion of another will be light, its hair light and straight, and its eyes blue. Most certainly climate has nothing to do with coloring these children's skins, hair and eyes. As little has it to do in coloring the skins of the Africans, Asiatics and Indians. The blacks have lived in North America for the space of two hundred years, without the least alteration in the color of their skins; and the whites have lived in South America under the torrid zone for more than three hundred years, without becoming black. The only alteration in the complexion of white people, which has been observed to take place, is in the process of tanning by exposure to the light of the sun, which invariably disappears by living a short time in the shade. The Spanish people of South America are no blacker than the inhabitants of old Spain, unless they have mixed with the Indians or Africans. The Indians of the American Continent, whether under the torrid, the temperate or the arctic circles, are all of the same color, or nearly so. Baron Humboldt saw several tribes in

the south of Mexico, much lighter in their complexions than the tribes further north, and hence infers that the climate has no agency in determining the color of the skin. The Arabians are merely brown; while on the same latitudes in Africa, the inhabitants are black. The eastern Asiatics, and the Australians under the equator, the tropics and the arctic regions, are all of nearly the same color.

When we reflect upon the wonderful diversity in the external appearance of individuals of the same town or city, where all are exposed to nearly the same external agents, we are compelled to admit that the cause of all this diversity must lie in the motions of the animal economy. It will be perceived that I have not undertaken to give the cause of the human color itself, but a history of the manner in which the diversity of color is produced. I have shown that it was produced and obliterated by the reproduction of the species, in the same degree and manner that all physical differences are produced and effaced. I think it will appear evident that the cause of the difference of color between any two white people must also be the cause of the difference of color between a black and a white person. In mulatto people, the skin becomes half white, and an alteration in the hair, features of the face, and shape of the head and feet, follows as a single simultaneous effect from the same cause. In quadroons, or those people who are three quarters white, the skin, the hair, the features of the face, and the shape of the head and feet, have all undergone a simultaneous change in a parallel degree. The next generation are white people. But let this generation mix only with those of a black color, and in four removes from the original stock they will become black again. We need no further proof that a diversity in the human color is produced by the physical latitude allowed by nature in the re-production of the human species.

All inquiries respecting the original color of man have gone upon the supposition that this color must have been white, and that the black color must have been produced by some singular combination of circumstances. Ordinary facts have been overlooked, and explanations attempted by adding conjecture to conjecture, without the least approach to a solution of the phenomena in question. Were the eyes of the first pair black or blue? was the hair straight or curly, light or black? were the features long and sharp, or obtuse, thick and flat? are questions quite as rational and easy of solution, as the inquiry after the original color of men.

Goldsmith gives the following account of the causes which he conceives to operate in the production of the varieties of the human color; and his opinions have been repeated by subsequent naturalists to the present day, without any important variation. "In general it may be asserted, that, as we approach the line, we find the inhabitants of each country grow browner, until the color deepens into a perfect blackness. Thus taking our standard from the whitest race of people, and beginning with our own country, which, I believe, bids fairest for the pre-eminence, we shall find the French, who are more southern, a slight shade deeper than we; going farther down, the Spaniards are browner than the French; the inhabitants of Fez darker than they; and the natives of

Negroland the darkest of all." But it may be replied, the Germans, who are on the same latitude with the French, are as light colored as the English; and the Grecians, who are as far south as the Spaniards, are as light as either the Germans or English. In all the eastern parts of Europe, among the Poles and the Russians, we discover no difference in the color of the inhabitants as "we approach the line." The Arabians, who live almost under the equator, are much whiter than the inhabitants of China, who live in the temperate zone, or the native inhabitants of North America. Goldsmith has overlooked an essential part of the natural history of the French and the Spanish. The dark color of the French, the darker color of the Spanish, and the yet darker color of the inhabitants of Fez, is not owing to the greater degree of heat which these nations are successively exposed to, but to the African blood which has gradually crept towards the North. The Moors, it is well known, once inhabited Spain for several hundred years, and freely intermixed with the Spanish. The French, by reason of their proximity to Spain, have intermixed with the Spanish. In this way the Moorish blood has extended north among the Spanish and French, while the English and the eastern European nations, who, by their remoteness from Spain, have been excluded from any participation in the Moorish blood, present a lighter color.

As if not satisfied with the influence of heat in producing the black color of the skin, Goldsmith assigns an opposite cause, that of cold. He says, "The extremity of cold is not less productive of a tawny color than that of heat. The natives of the arctic circle are all brown, and those that lie most to the north are almost entirely black. In this manner both extremes are unfavorable to the human form and color, and the same effects are produced under the poles that are found under the lines." As I have before observed, in this Continent, from Labrador to Cape Horn, the same color of the skin pervades all the aboriginal inhabitants. They are as black in the temperate zones as they are in the arctic region and the torrid zone. In eastern Asia and the Eastern Islands, the color is the same in all latitudes. The color of the inhabitants of the north of Europe, to which Goldsmith no doubt refers, must have originated from an intermixture with the Siberians and other Asiatics, by being in the vicinity of each other. For we know that as we approach the pole, the north of Europe and Asia terminate in a point, which brings the Siberians and Laplanders very near together.

Besides the influence of heat and cold, the food, the manner of living and hereditary diseases have been assigned, by naturalists, as the cause of the black color of the skin. But it is enough to say in answer to the assignment of these causes, that neither heat nor cold, food, manner of living or hereditary diseases, have exhibited any influence in blackening or whitening the aboriginal inhabitants of America. The same is true of the Asiatics and the Australians; the color of the Asiatics and Indians is about the same under all latitudes. I ought here to except the inhabitants of Turkey in Asia, Armenia, Persia and Arabia, who are all of a lighter color than the rest of Asia; but who have manifestly intermixed with the ancient Romans and Grecians, the early conquerors of

these nations and their governors for many years; and who have become whitened in consequence of this intermixture. The mere vicinity of these people is sufficient to account for an intermixture of blood.

According to the reasoning of Goldsmith and other naturalists upon the subject of the human color, the inhabitants of New Zealand should be white. They live in a temperate climate, the most so of any on the globe; they are separated very far from all other parts of the earth, and every external circumstance is favorable to the production of a white skin. But they are as black as the inhabitants of Sumatra who live under the equator. These external causes are entirely conjectural. If more proof were necessary upon this subject, it may be found in the color of the lower animals. Black and white animals are found equally under all the habitable latitudes of the globe. As many white animals of almost every name and nature are found under the equator, as in the temperate zones; and as many black animals in the temperate as in the torrid zone. If the sun, then, has no influence in determining the color of the lower animals, why should it in the human species?

One of the many speculations in which natural historians have indulged upon the subject of the human color, is contained in Goldsmith's *Animated Nature*, Vol. II., page 19. "Not to enter into a matter of very remote speculation," says this author, "I think one argument will suffice to show that the white man is the original source from which all the other varieties have sprung. We have frequently seen white children produced from black parents, but have never seen a black offspring the production of two whites. From hence we may conclude, that whiteness is the color to which mankind naturally tends; for as in the tulip, the parent stock is known by all the artificial varieties breaking into it, so in man, that color must be original which never alters, and to which all the rest are accidentally seen to change." If my illustration of the subject be correct, that the color of man is the result of the operations of the animal economy alone, independent of external agents, this speculation would prove the reverse of what Goldsmith intended. If whites are never known to produce blacks, the plain inference is that blacks must have existed first, and their's have been the original color. But, as we have seen, the theory of Goldsmith is, that men have become black by the force of external agents. A truly powerful agency this, to blacken and keep in blackness 500,000,000 of the human species, out of the 800,000,000 who are estimated to inhabit the earth! A fearful antagonist power to oppose to any physical tendency which the black race have ever manifested to become white! What chance does the human race, in general, stand against so great odds? Is not the danger fearfully great that mankind will become totally black? The blacks and whites are now as three to two! Will not the force of these external agents always remain the same, and although by conquest and extermination the whites may succeed in establishing their own color, will not the force of the outward elements finally triumph? It signifies but little that man was created white, if external nature is so strong against him. Upon the

theory of Goldsmith, I am afraid the elements will finally triumph, and turn all our posterity to a totally black color!

The instances to which Goldsmith refers, where black parents have produced white children, are extraordinary physical phenomena. If two of them should ever come together, their offspring would probably return to the original black color. They are called albinos, and no instances of their marriage and offspring have, to my knowledge, been recorded. Unless their offspring continued to be white, such instances would prove nothing more than that nature has only stepped aside, as she has in a thousand other instances, only to return to the old track.*

One color is as natural to man as another, and a common original color can only be produced by the composition of all the different colors which diversify mankind. It is quite as puerile to contend about the superiority of any particular color of the skin, as to its inherent beauty or naturalness, as about the color of the hair or the eyes. Familiarity reconciles us to the lesser diversities which exist among the species, and knowledge of each other pronounces them of no moment; will not time and knowledge also reconcile us to those which we conceive to be the greater differences? Since nature produces so great a variety of shapes and colors in the formation of the individuals of our species, and will continue to produce them in spite of our repugnances or preferences, it would seem to be the part of wisdom to submit to her decrees, and to learn to appreciate the variety as well as the uniformity of her operations.

(To be concluded next week.)

SMALLPOX AT PORTO CABELLO.

[In the Journal of the 22d of May last, a brief notice was given of the existence of smallpox at Porto Cabello, in a letter to the editor from W. T. Mann, Esq., resident at that place. We have received a more particular account of the epidemic from Dr. Lacombe, Port Physician of the city, the principal part of which is given below. It will be seen that he satisfactorily explains the circumstance, alluded to by Mr. Mann, of the disease being called *varicella* by the faculty on its first appearance. We shall be pleased to receive the additional papers to which Dr. L. alludes.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The smallpox existed since the middle of last year in several neighboring islands, particularly in St. Thomas, and also on the Continent at Maracaibo. It was to be expected that the directions of the wind would bring us the dreaded disease, and long before the occurrence I had publicly manifested that opinion. In fact, the small rains we experienced here from December last till the month of April, creating an extraordinary cold dampness, combined with a cloudy atmospheric heat of 82 degs. Fahrenheit through the day, were the exact combinations that generally

* I do not conceive albinos to be a *luxus naturee*, but a rare physical occurrence—an illustration of the same thing which takes place in other species of animals—an instance of the occurrence of opposite colors in the offspring of the same stock, as a white and a black colt from the same parentage of a red color; or as a black and a white lamb from the same white mother and father. The rarity of its occurrence in the human species has, no doubt, originated the idea that it is a freak of nature.

produce eruptive diseases of all sorts in these climates. Some of our first authorities here have charged my predecessor in office, who left this place in January last, with having permitted a passenger of the Schooner *Susanna*, from St. Thomas, to land with the smallpox in a state of dessication, in November last, and they believe the contagion has been introduced to this place through that channel. As I was not then in Puerto Cabello, I cannot state the truth of the discussed and contradicted statement, but admitting, at the same time, that the contact from person to person is a direct line to communicate and spread the smallpox.

It is a common observation, that when the smallpox is to present itself in a population in an epidemic form, for a certain period previous the eruptive diseases known by the names of varicella, chickenpox, *pamphigus varioloides*, &c. &c., will at first present themselves and spread before a true case of smallpox will be met with by the practitioner. Such has been the case in this city; for the first cases of varicella were known to us here from the first days of December, but it was only on the 20th of February last that we, the practitioners of the city, recorded the first case of real smallpox, from which date new cases presented themselves daily, at the same time that the different classes of varicella continued to spread. The much-respected American Consul, Franklin Litchfield, Esq., whose family I attend, never had a single case of real smallpox in his house, but it is true to state he had eight cases of varicella of different sorts, which I treated with mild remedies, as they presented no danger. Knowing the danger in which the population was laboring under (the greatest number unvaccinated then), I proposed to the Chief Magistrate of this place to divide the city in shares to each practitioner, and to order them to go from house to house to vaccinate every person. This was adopted, and carried through in about six days, and the violence of the epidemic was checked from the beginning by this measure. However, some of the lowest classes escaped vaccination, either from ignorance or prejudice, and those were the victims, for the vaccinated would catch the varicella and run no danger of losing life, while those that were not vaccinated were taken with the smallpox, in most cases confluent or malignant, and would die at the rate of four out of six, although we employed the most active treatment, combined with the best known practice, and our own knowledge of the climate and habits of the people.

The population of the port and city of Puerto Cabello is only 3700; the population of the rest of the County, on a large surface of land, 2300—making a total of 6000 souls (official number) for the whole County and city of Puerto Cabello. The smallpox has not spread in the vicinities of the city and port. The deaths (official number), from the appearance of the first cases of varicella up to this date, are only 73, of whom 11 were in the city and 62 at the “*Degredo*” or smallpox hospital established out of town for the poor or laboring classes. I am happy to add that there hardly remain three cases in the city at present, and twenty at the “*Degredo*,” or out-of-town hospital, almost all of them out of danger, giving us hopes to see the scourge soon away from us, by the new measures I have been specially charged to carry through.

I will very soon send you some extracts from the history and course of the epidemic from its beginning, together with my practical or clinical observations, treatment, &c. &c., which I am about preparing for the medical faculty of Caraccas.

Yours, very respectfully,

June 30, 1844.

A. LACOMBE, M.D.

Health and Port Physician of Puerto Cabello, Venezuela.

BELLADONNA, IN VARIOUS DISEASES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have read with much pleasure, in late Nos. of your valuable Journal, articles on the use of belladonna, as prophylactic in scarlatina, and for the cure of dysmenorrhœa and neuralgia, and have thought that my experience with this valuable drug might be of interest to your readers. If your opinion coincides with mine, this sheet is at your service for publication.

CASE I.—*Myosis*. This was a case of serofulous ophthalmia, of twelve years' standing, with nebula of the cornea. After the removal of the nebula, the pupil remained permanently closed, not larger than the head of a small pin. Sight but faintly restored by the removal of the nebula. Diluted tincture of belladonna, one drop to the eye, twice a day, restored the powers of dilatation to the pupil, and consequent restoration of vision.

II.—*Premature Pains*. Seventh month of pregnancy. Patient accustomed to abortion. Examination per vaginam showed the uterus to be operated upon spasmodically. Bleeding, pediluvium, opium, morphine, camphor, hyoscyami, gum assafoetida, all failed to give relief. The narcotics were used in large doses. A pledget of cotton, dipped in a saturated tincture of belladonna, quieted the uterine action in twenty minutes.

P. S.—Patient accustomed to the use of opium.

III.—Return of the same complaint to the same patient. Gave ten drops by the mouth, with like success.

IV.—*Prophylactic Powers tested*. Three children, aged respectively 2, 4 and 9, exposed to contagion of scarlatina. Gave of twelve drops of the tincture, diluted with one ounce of rain water, three drops thrice a day to the youngest; and increased the dose one drop for each year, to the older. The two youngest children removed from the house. Three days after, the child aged 4 years was attacked with scarlatina maligna. Seven days after, child aged 9 attacked with the anginosa variety; and nineteen days after, the remaining child attacked with the same variety. The use of the belladonna was continued through the whole course of the disease. The cure of these cases was the quickest and most perfect of any that I had during the prevalence of the epidemic, with the same violence of attack.

V.—Forty drops of the tincture, in one and a half ounce of water, was given to six individuals exposed to the contagion of scarlatina, in the following doses. To two adults, ten drops thrice a day. Infant

three months old, one drop twice a day. To three children, aged respectively 2, 4 and 7, three drops to the first, five to the second, and nine to the third. Continued the use some twenty days. All escaped, and the only family, exposed to contagion, in the bounds of my ride.

VI.—Quarter of a grain of the extract was given three times a day to a boy aged 4 years, and the same quantity to a babe 10 months old, twice a day. The fourth day the boy was attacked. Disease light, yielded easily to medicine. Babe escaped. (Two children of another family, under the same roof, died with this disease, at the same time. Drug not used.)

VII.—*Pertussis*. Two cases—afforded great relief to the patients.

VIII.—*Midwifery*. Premature delivery. Six and a half months gone. Called twelve hours after birth of fœtus, to deliver placenta. Placenta adhered. Uterus collapsed upon the same. Could not dilate the os tincæ with my finger. Used the ungt. belladonna to the os and neck. In thirty minutes the uterus was dilatable. Delivered with the blunt hook. Patient had a quick recovery.

IX.—*Midwifery*. Protracted labor; rigidity of the os tincæ; alarming hiccough and vomiting, with sudden cessation of expulsive pains. The slightest touch of the finger to the os, or pressure of the child from change of position, would induce the hiccough and increase the vomiting. Applied the ungt. to the os tincæ. In five minutes the hiccough ceased, the vomiting soon followed, the rigidity relaxed, and the patient fell into a quiet sleep. With the aid of savin and ergot, in an hour and a half the patient was delivered.

In several cases of neuralgia, I have used this article, both the extract and tincture, and ungt., without success. In one case of opacity of cornea, when I recommended the operation for artificial pupil, the patient would use the tincture diluted. I have not seen him since, but have learned that he experienced great relief to his impaired vision. Most probably his pupils were preternaturally contracted, similar to Case I.

I submit these cases, without note or comment, merely stating that in my materia medica there is no more *potent drug* than the *Atropa Belladonna*. Yours respectfully, R. P. STEVENS.

Climax Prairie, Mich., June 17, 1844.

P. S.—In neuralgia from reflex-motory action, would not the belladonna be of benefit? I am inclined to think that in those cases where it has been successful, they have been of this character.

ANOMALIES OF THE TEETH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Seeing a number of articles in your Journal in relation to the teeth, I take the liberty to send you a short one on “Anomalies of the Teeth.”

The permanent teeth complete their growth at about the age of 21

years. Anomalies, however, sometimes occur—first, in the number of the teeth, and sometimes in an entire deficiency of teeth in the jaw. Mr. Fox mentions a number of cases in which the teeth were entirely deficient. Pliny has mentioned a curious case, which was that of Pyrrhus, King of Epirus, in whom all the crowns were united.

The period at which the teeth appear, varies much. Instances are recorded of children that have been born with teeth. On the other hand, we have heard of instances where the teeth have not appeared for a number of years. A young child, nine and half months of age, in this town, has twelve teeth—their growth entirely completed. In one instance I inserted four teeth for a lady 40 years of age (two central and two lateral incisors). Three months after they were inserted, she had the plate removed; four months after that time, she had a complete set of natural teeth.

Another case is at present under my observation. A young lady, 22 years old, called on me some months since, and had a cuspid or eye tooth put in on plate. A few days ago she called at my office, and requested me to fasten the plate in, as it continually got loose. On inspection, I found a new cuspid making its appearance, where it should have been twelve years ago.

J. R. DILLINGHAM.

Lynn, July 12, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 24, 1844.

The Watering Season.—As countries advance in civilization and social refinement, the inhabitants become the victims of numerous physical ills, which were unknown to those who first subdued the forest and subsisted by the labor of their own hands on the newly-cultivated soil. If the race has deteriorated in body, no one will pretend to deny that the present age is marked by great activity of intellect. At no period in the history of mankind, have such vast displays of mind been exhibited, as at the present day. All nature is put under contribution for the gratification or convenience of men. The elements are the ministers of their pleasure. With fire and water, two of the mightiest antagonizing forces yet discovered, mountains are overturned, and rivers diverted from their ancient channels, that man may ride over the earth with a velocity far greater than was ever attained at any former period. The work is still progressing: new schemes have been devised, and the powers now in exercise will achieve results, that may lead to further marvel and astonishment.

All this, however, brings a direct tax upon the brain and nervous system, producing changes perhaps as extraordinary as the mechanical revolutions effected on the face of the earth. New diseases are developed, and a variety of phases are assumed by the same malady, unknown to the practitioners of the olden time.

A remedy is not always to be found in the *materia medica*, for the modern train of nervous affections. The medicine, most beneficial, perhaps consists in temporary rest from usual labor, and the contemplation of new objects, under an aspect differing from that to which the invalid is most accustomed. A kind Providence has anticipated this peculiar condition of things, and natural wonders and beauties can be easily reached and admired, and natural fountains gush out from the earth to delight the weary traveller and to heal his many infirmities.

We are fully aware of the influence of fashion in regard to watering places; and we are also familiar with the fact, that of the thousands who lounge away the summer in the cool retreats in the neighborhood of these delightful places, comparatively few care much for the water. That, however, is of little or no consequence. It is a medicine, and a potent one, too, to go to the Springs. Some consider it of no consequence whatever, with respect to the quality of the water visited—the *going there*, in itself, being the natural remedy, no matter what may be the character of the disease. All invalids, capable of the exertion, are doubtless invigorated by the trip: the scenery on the way, so new, and perhaps striking, either for grandeur or quiet repose, changes the cerebral currents, quickens the sensorial operations, and infuses a thrill and new sensations into a sluggish, snail-moving body. Then, again, the concentration of strangers, their habits, differing from one's own, the novel sights that seem to appertain to all the celebrated pools, either here or in Europe, rouse the dormant energies of the spectator, and quicken him into activity of both mind and body. The proper use of the waters, however, under suitable directions, should never be neglected.

We approve, therefore, of visiting mineral springs, even were a single drop never swallowed from the fountains, for the philosophical reasons here adduced. For mere melancholy—for the purpose of resting from protracted fatigue, and for being stimulated rationally through the organs of hearing, seeing and tasting, we earnestly recommend that all who find pleasure in geographical, geological, gastronomical, and intellectual variety, should go to some of our many springs, with a full confidence in the beneficial effects that will be wrought upon them by the combined influence of so many genial forces.

Progress of Surgery in China.—Our very distinguished countryman, the Rev. Dr. Parker, Missionary Surgeon at Wampoa, has four pupils who are studying both the English language and medicine. Kwan Taon, the eldest of them, has operated successfully for cataract, upon between twenty and thirty persons; and in one instance, extirpated a tumor from a woman's shoulder, weighing, says the *Missionary Herald*, about a pound and a half. The patient, treated wholly by Kwan Taon, was discharged well in ten days. This young operator is represented as commanding much respect among his countrymen, and is moreover esteemed, by all who know him, for his correct and gentlemanly deportment. He promises to be a useful man and a blessing to his country. It is worth remarking that this native surgeon professes to have a higher aim than that of simply obtaining wealth—the great and prominent desire of all Chinese, in whatever capacity they are found. When he shall be qualified, according to a prescribed standard, it is presumed, of Dr. Parker's, it will be his

choice, he says, to extend the benefits of the knowledge he is acquiring of foreign surgery and medicine, to other cities and other provinces of the celestial empire.

Two thousand one hundred and nine patients were admitted into the Missionary Hospital from July, 1843, to January 1, 1844. Cases of unsurpassed interest are continually presenting, and the treatment continues to be equally successful. The institution is constantly gaining upon the confidence of the Chinese of all ranks and conditions.

Yu, the late Kwang Chowfoo, being about to visit the Emperor, submitted to the removal of a tumor behind the ear, with the knife. He subsequently went to Dr. Parker's house to have the wound dressed, and once accepted an invitation to breakfast. He expressed his opinions with great freedom, discovering, by his conversation, a mind much in advance of his countrymen generally. The Imperial High Commissioner, Ke Ying, also availed himself of the benefits of the Missionary Hospital. On the occasion of the American Consul's presenting his credentials, at an interview with their Excellencies the Commissioners, Ke Ying consulted Dr. Parker in person, having done so previously by proxy.

Practical Medicine.—Part 8 of the Cyclopædia of Practical Medicine is abroad in good season. Punctuality does wonders in business, and we are happy to express our gratification with the promptitude of Messrs. Lea & Blanchard in regard to the appearance of this admirable production. What its real success may be in obtaining subscribers, is not known here; that a great number of copies *should* be taken throughout New England, is the conviction of all who are familiar with the merits of the work.

Castleton Medical College.—At the close of the spring session of Castleton Medical College, on the 19th ult., the degree of Doctor of Medicine was conferred upon the following gentlemen:—Samuel Avery, of N. Y.; G. W. Bromly, Vt.; Wm. H. Beardsley, N. Y.; Wellman M. Burbank, Mass.; Josiah H. Cleveland, N. Y.; Asa B. Cook, N. Y.; Delos A. Crane, N. Y.; Chauncy Coston, N. Y.; Olin G. Dyar, Vt.; Charles Downes, Vt.; Wm. W. Finch, N. Y.; Olivier Geroux, Canada; Silas O. Gleason, Vt.; Sam'l H. Griswold, Vt.; Wm. W. Goldsmith, N. Y.; Homer Hard, Vt.; Wm. Hayden, Pa.; Algernon S. Houghton, Vt.; Jonas Humphrey, Vt.; Wesley Humphrey, N. Y.; John M. Howe, N. Y.; Henry B. Kelley, N. Y.; Albugence W. Kingsley, N. Y.; Henry W. Leach, Vt.; Fayette P. Mason, Vt.; George W. M'Carty, Vt.; George W. Miller, Vt.; Erastus Newman, Vt.; Oliver S. Newell, Canada; John M. Parsons, N. Y.; Moses Porter, Vt.; John A. Raymond, Vt.; Edward Thorne, N. Y.; Joseph C. Wickoff, N. Y.—34.

The session, in all respects, is said to have been far more prosperous than any which has preceded it—the number of students in attendance, as we learn by the catalogue, being 130.

The delegates of the Vermont Medical Society to the College, Drs. J. A. Allen and A. G. Dana, in their report to the Secretary of the Society, represent the examination of the graduates to have been highly satisfactory. They also speak of various improvements which have been made in the different departments, and of the general good and flourishing condition of the school.

The Botanic Physicians of Rochester, N. Y., held a meeting on the 6th inst., at which resolutions were passed in reference to the recent legislative enactments respecting medical practice. They represent the Legislature as having been actuated altogether in the matter by a conviction "of the importance and value of the reformed medical practice," and they accordingly pass resolutions of thanks for this special mark of favor. This is well enough, and what might have been expected; but the resolutions which follow, *renouncing* all connection professionally with mineral practitioners, as they call them, and declining under any circumstances to *consult* with them, although likewise characteristic, are absurd and deceptively, and must have appeared so even to those who voted for them.

Œsophagotomy.—An operation for opening the œsophagus for the purpose of supplying the stomach with food, was performed by Dr. John Watson, of this city, on the 12th of February last. The patient was a young gentleman from Massachusetts, who had been for some months laboring under stricture of the œsophagus. For some two months subsequent to the operation, the case gave promise of permanent relief. Subsequently however the disease, which was of a tuberculous nature, extended to the larynx, rendering an opening into the trachea necessary. The patient survived this last operation about a week; and he finally died on the 14th of May, of the extension of inflammation to the chest. The present, we believe, is the first instance in which the operation of œsophagotomy has ever been performed for any other purpose than the extraction of foreign substances from the gullet; and it is the fourth authentic case, in which it has been performed for any purpose. For more than three months, all the food that this patient received into the stomach, was supplied through a gum-elastic tube. The extension of disease to the air passages may be looked upon as incidental; and had it not ensued, there is no reason to doubt that the patient's life might have been preserved.—*New York Journal of Medicine.*

Excision of the Teeth.—Dr. Smethurst narrates a case in the London Lancet, where excision of a tooth, a natural one being pivoted on the fang, was followed by violent inflammation and suppuration of the injured part, attended with œdema of the whole head and face, and of the interior of the mouth and tongue, so that the patient was in danger of suffocation. Intense febrile excitement was also present. Bleeding, calomel and acetate of morphia relieved the attack, and, after a time, the pivoted tooth could be removed, when a discharge of pus and blood took place, with considerable relief. Ultimately the health was restored, and the lost tooth made good with a real one fixed with gold wires, which did not occasion any inconvenience whatever.—*Medical Times.*

Western Enterprise.—We have been shown a specimen of "A Practical Treatise on Diseases of the Skin," by Dr. N. Worcester, of Cincinnati, which is to be issued in one volume by Thomas Cowperthwait & Co., Philadelphia, and Desilver & Burr, Cincinnati. The treatise will comprise about 300 pages, and will be accompanied by sixty colored figures. An extensive formulary will also be added. The text is compiled mainly

from the works of Alibert, Cazenave, Schedel, Bielt, &c., the figures selected from Willan, Bateman, Thompson, Rayer, and Baumes. Of Dr. Worcester's competency to this task, we do not entertain a doubt, and we think he will be doing an essential service to the profession. A treatise, such as he proposes making this, is greatly needed. The specimen before us consists of drawings only, and they look exceedingly well.

Dr. Lawson, of Cincinnati (recently appointed to a professorship in Transylvania University) is republishing, with additions, Hope's "Illustrations of Morbid Anatomy." It is to be issued in four parts, one of which has appeared. This work is especially valuable on account of its beautifully-colored drawings, and we bespeak for it, what it should not fail to have, a welcome reception by the profession in the West. It is printed for subscribers only.—*Western Journal*.

Medical Miscellany.—At the commencement of the University of Pennsylvania, last week, the degree of M.D. was conferred on six graduates, and the honorary degree on Dr. Nathaniel Green, of Danville, Va., and Dr. O. G. Hambleton, of Pittsylvania, Va.—Dr. Mütter, of Philadelphia, reports an interesting case of cheiloplastic operation in the last No. of the Medical Examiner of that city. A cancerous affection pervaded the entire lower lip, which was removed, and a new lip formed, with success, by integuments from beneath.—Dr. E. A. Theller, the celebrated Canadian patriot, whose escape from the citadel of Quebec, some years since, was an extraordinary affair, is now President of the Fourier Community at Clarkson, N. Y.—A colored woman, in New York, recently gave birth to two boys and two girls—all doing well.—Elder Harvey, a Baptist minister, residing at Frankfort, near Utica, N. Y., is 109 years old. His sight and hearing are good, and he still labors in the field.

BOOKS, &c., RECEIVED.—Vol. 3 of Dr. Paine's Medical and Physiological Commentaries; Cyclopædia of Practical Medicine—No. 8; Dr. Cifreo's "Memoire sur le Staphylome Conico-Diaphane de la Cornee," &c.; a Sermon on the Death of Dr. J. C. Prescott; the Circulars of the Transylvania, Jefferson and Castleton Medical Schools; Transactions of the New York State Medical Society.

TO CORRESPONDENTS.—Some statements relative to the late suit, for malpractice, against Dr. Colby, will be inserted next week. Also the conclusion of the papers of Drs. Allen and Slack, and the reply of Cyclops to the criticisms of Argus. Dr. Tebbetts's case is on file for insertion. The article on tobacco, before acknowledged, will be reserved for the first No. of next volume.

MARRIED.—In Dedham, Dr. James M. Aldrich, of Fall River, to Miss Mary Ann Allen.—At Upper Middletown, Ct., Richard Warner, M.D., to Miss Mary Gaylord.

DIED.—At Philadelphia, Dr. John C. Otto, in his 70th year.—At New Haven, Conn., Francis Y. Olmsted, M.D., eldest son of Prof. O., of Yale College, and recently Assistant Physician in the Hartford Retreat for the Insane, aged 25.

Number of deaths in Boston for the week ending July 20, 46.—Males, 24; Females, 22. Stillborn, 3. Of consumption, 10—abscess, 1—bowel complaint, 1—debility, 1—drowned, 1—scarlet fever, 4—lock-jaw, 1—dysentery, 1—marasmus, 3—cholera infantum, 3—disease of the spine, 1—aneurism of the aorta, 1—poison, 1—dropsy in the brain, 5—apoplexy, 1—inflammation of the lungs, 1—lung fever, 1—scrofula, 1—teething, 1—inflammation of the stomach, 1—tumor, 1—cancer, 2—child-bed, 1—old age, 1—unknown, 1.

Under 5 years, 17—between 5 and 20 years, 6—between 20 and 60 years, 21—over 60 years, 2.

On the Cure of Hydrocele by Iodine Injections. By PROFESSOR VELPEAU.—There are few surgical operations so easy, so simple, and which need less preparation; in what, in fact, does it consist? Of a puncture, and the injection of a certain quantity of liquid; after which the patient may be abandoned to nature, which, in general, is sufficient to effect a cure. I have operated on upwards of 300 cases of hydrocele; in my wards at the Charité I receive, on an average, from 30 to 40 patients yearly, and operate, at least, on 10 in my private practice annually; and I now declare that I never had a case in which the consecutive accidents could be attributed to the iodine injection. A patient, it is true, died, after having been operated on; but death here was caused by inflammation and purulent infiltration of the cellular tissue of the pelvis, *without communication with the tunica vaginalis*. It is, therefore, impossible to attribute this to the operation for hydrocele; nay, what is more extraordinary, especially when compared with similar cases in which the vinous injection was made, is that, on one occasion, the liquid, instead of entering the cyst, was injected in the cellular tissue, and yet did not produce sphacelus. The patients are cured by this method, on an average, in a fortnight, and I never witnessed a case of gangrene or suppuration from its use. It is therefore evident, that the iodine injection produces a degree of irritation sufficient to cure the hydrocele, but does not produce a suppurative inflammation; and this has been proved by experiments on animals, where the liquid is absorbed without causing any accidents. The same result has been obtained in cysts situated in other parts of the body; thus, about three weeks ago, I injected one on the neck, and the swelling diminished in size. It must not be supposed, however, that I assert that the iodine injection never fails; but what may be affirmed without fear of contradiction, is, that it almost always succeeds, failing only once in sixty, or even one hundred cases; unfortunately for mankind, we have but few remedies so certain in their action. This, perhaps, may be attributed to the formula I have adopted. To resume, therefore: the advantages of this method are:—1st, that the cure is almost always obtained; 2d, that the gangrene does not take place, even when the injection enters the cellular tissue; 3d, that the operation is sooner done than that in which the vinous injection is employed, since it is not necessary to heat the liquid, or to leave it a certain time in the cyst, &c. If, after the operation, you wish to hasten the resolution, the patient must be treated as for orchitis, and since scarifications with a lancet are useful in the latter, they will equally be so in the phlegmasia which follows the injection. In the generality of cases, this, however, is not requisite, the patient recovering without any remedy being employed; it, perhaps, takes eight or ten days before he is quite well, but this is not of much importance, as his sufferings are slight. Finally, I have remarked that the iodine injection is a powerful discutient when hydrocele is complicated with *engorgement* of the testicle or of the epididymis.—*London Medical Times*.

The formula employed by Professor Velpeau is the following:—R. Tinct. iodin. 3j. Aquæ distillatæ, 3ij. M.

Cynara in Acute Rheumatism.—Mr. Copeland confirms the statements made by Dr. Baddeley and others, of the value of the cynara in the treatment of acute rheumatism.—*Ibid*.

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXX.

WEDNESDAY, JULY 31, 1844.

No. 26.

FRACTURE OF THE THIGH BONE.—THE LATE SUIT AGAINST
DR. COLBY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The suit, "William Nelson vs. Moses F. Colby," which has been long pending in the courts of this County, and with which your readers have been made somewhat acquainted, is at last ended; and presuming that a brief statement of the case, and its result, may be of some interest to the profession, I send you a brief outline, not at this time attempting to detail the testimony which has been put into the case on the several trials which have been had, but confining myself to the facts, as finally disclosed, upon *post-mortem* examination of the femur in dispute. The cause was finally disposed of, on the 25th of June last, being the first day of the term of Orleans County Court, by the rendition of final judgment, in favor of Dr. Colby, entered by consent of the plaintiff, and without trial, the defendant waiving his costs, for the purpose of thus ending the vexatious and tedious controversy. Thus ended an almost seven years' contest, by the voluntary abandonment of his suit on the part of the prosecutor.

Some idea of the position of the suit and the character of the charges against Dr. C., is given in your remarks contained in the Journal of May 29th, and in the Note from Dr. Barrett, in that of June 19th. From the communication of the latter gentleman, it will be seen that pending the suit Mrs. Nelson (the subject of the disputed fracture) deceased; that the femora were taken from the body, committed by the plaintiff to Dr. Barrett, by him cleaned, and some months afterwards delivered to the custody of Mr. Andrus. Since the *post-mortem* examination, no trial of the cause has been had: and it may be proper to remark that the bones have continued, *exclusively*, in the hands or control of the plaintiff or his agents; that the defendant has had no opportunity to inspect the bones since the dissection. Hence I send you the statements of Drs. Richmond, Breadon and Kendall, and O. Newcomb, Esq., who were present at the *post-mortem* examination, and describe the peculiar appearances of the right thigh bone, as noted by them at the time. Also annexed is a copy of the deposition of Professor Crosby, who fortunately had an opportunity to examine the bones, quite lately, on the occasion of their being presented to him by the agents of Mr. Nelson, with a view of procuring his opinion as to the existence of fracture.

Also, appended, is a second statement of Dr. Richmond, giving the appearances of the bone as exhibited after it had been divested of its fleshy covering.

Respectfully yours,

Derby, Orleans Co., Vt., July 8, 1844.

S. B. COLBY.

STATEMENT OF DR. RICHMOND.

In the *post-mortem* examination of Mrs. Nelson's thigh bones, I was less particular in noting appearances at the time, than I should have been, had not Mr. Nelson's attorney assured those present that another and more favorable opportunity should be had as soon as the soft parts were completely removed; and as the attorney, previous to the examination, said to me that it was his and Capt. Nelson's wish that I should take the bones into my keeping, after the examination, which would have afforded me ample opportunity to examine at my leisure.

Points of difference.—Want of symmetry in upper portions of bone. Right thigh $7\frac{16}{16}$ ths of an inch shorter than left. Right trochanter more flat upon its outer surface than natural, very broad; the left convex or curved, and narrow. Right trochanter projects, or extends up from its junction with neck of thigh bone, much farther than left. Neck of right thigh bone approaches more nearly to a right angle with shaft than left. The sinus of the right, between trochanter major and neck, was irregular and deeper than left, and partially within this, a point, spicula, or process of bone, quite slim and pointed, about $3\frac{16}{16}$ ths or $1\frac{4}{4}$ th of an inch long, projects upward; none on left to correspond. At the superior and anterior part of the trochanter major commences an irregular elevation, which extends downward and inward, and terminates a little below the trochanter minor, at the outer margin of which is a corresponding large depression, or groove. The left presents the ordinary appearance of the parts.

Derby, June 1, 1843.

(Signed)

LEM'L RICHMOND, M.D.

STATEMENT OF DR. BREADON.

On Sunday morning, the 1st of January last, I was requested by Dr. Barrett to be present at the *post-mortem* examination of the right femur of the late Mrs. Nelson. I did not arrive at the house of Capt. Nelson until after the removal of the bone, on the 2d of January; and on entering the room in which the examination took place, I found the right femur lying on a table, and in it a striking enlargement of bone, between the trochanter major and trochanter minor, arrested my attention. I particularly observed a bony ridge and depression (the depression or groove being on the opposite side of the bone) situated, as well as I can recollect, between the trochanters, and likewise a spiculum of bone between the trochanter major and neck of the femur. I also remarked a difference in the angle of the neck, at its junction with the shaft—that of the injured side approaching more nearly to a right angle. These appearances, in connection with the accident met with by Mrs. N. several years back, left no doubt on my mind as to the existence of a fracture, at the time she was thrown out of a waggon, when it occurred; and to which effect I unreservedly expressed my opinion to the gentlemen who were

present at the examination. I also understood, from the gentlemen present, that by measurement, the right femur was found to be 7-16ths of an inch shorter than the left. (Signed) JOSEPH BREADON,
June 2d, 1843. Assistant Surgeon H.P.R.N.

STATEMENT OF DR. KENDALL.

Jan. 2d, 1843. I was present and witnessed a *post-mortem* examination of Mrs. Nelson, wife of Capt. William Nelson, of Derby, this day. Both thigh bones were removed from the body, and carefully separated from the investing muscles and ligaments, when the following appearances in the two bones were observable and plainly existed—viz., The upper projecting portion of the trochanter major, of the right os femoris, was separated by a fissure of two lines in breadth. A furrow or groove extending from said fissure, across the trochanter major, in a direction outward, downward, a little backward, strongly marked at its commencement, and diminishing in width and depth evenly till it arrives at a point opposite to the trochanter minor, when it disappears. On the anterior and interior surface of said bone, commencing near the upper and inner edge of the trochanter major, and descending downward along the junction of the neck and shaft of said bone, a strongly-marked ridge, or elevation, of irregular and uneven surface, and continued outward to a point opposite and a little below the root of the trochanter minor; large at its commencement, diminishing in its descent, and disappearing at the point before mentioned. The groove and eminence above named on opposite sides of the bone, run in a direction corresponding to each other, and if continued onward till they intersected each other, would meet at a point 1 1-4 or 1 1-2 inch below the trochanter minor. The hollow between the trochanter major and neck of the bone, filled to a considerable extent with bony elevations, of irregular shape and surface, presenting some sharp spicula of bone. The fissure and groove in the trochanter major, mentioned above, assumed as a line of division, would separate the anterior third, as near as I could estimate, from the remainder of that protuberance, and the superior margin of the anterior portion, elevated 1-8 of an inch above that of the remaining portion.

All these appearances were totally wanting in the corresponding bone of the left femur. The angle formed by the junction of the neck with the shaft of the bone, different in the two bones; that of the right approaching much nearer to a right angle than the left, readily seen by taking a side view of the two bones, and rendered certain by comparison and measurement. A line extended from the margin of the indentation, on the head of the bone, to the linea aspera, seven inches distant, was distant from the root of the trochanter minor 1-6 of an inch farther on the right than on the left thigh bone.

The trochanters major, measured in breadth across the middle, differed 1-8 inch, that of the right being the broadest.

I placed the bones upon a smooth surface, side by side, resting upon their heads, taking care that the heads were placed evenly and on the same line, as also the shafts; in this situation, the trochanter minor of the

right thigh bone was seen quite in advance of its fellow of the left, approaching nearer the head of the bone. Placed side by side, as before, and bringing the trochanter major on a level, the shaft of the right fell quite below that of the left. The measure of the two bones I saw taken by Dr. Richmond and Mr. Holt, while sitting too far from them to see accurately; Mr. H. reported the length, as follows—right, 17 1-8 inches; left, 17 1-2 and 1-16 inches.

From the foregoing appearances, I am decidedly of the opinion that the neck of the right thigh bone has been separated from the shaft, having attached to it about two thirds of the trochanter major, and probably the trochanter minor. The foregoing is, in substance, what I am ready to depose under oath. (Signed) SAM'L S. KENDALL.

DEPOSITION OF PROF. CROSBY.

I, Dixi Crosby, of Hanover, Grafton County, and State of New Hampshire, physician, on oath, depose, testify, and say, that some three or four weeks since I was at the Dartmouth Hotel and saw two gentlemen (strangers). As I was leaving the vicinity, Mr. Morse, the landlord, called to me to stop, and introduced a man who proved to be one of the strangers I had just left in the Hotel. I believe Mr. Morse said his name was Andros or Andrus. The stranger introduced as Mr. Andrus said he wished to see me. I asked if he would go to my office or have a room in the Hotel; he said he had something which he wished to show me, and that we would return to a room in the Hotel. On our way to the room, we were joined by the other person whom I had seen in company with Mr. Andrus, and who was introduced as Mr. Johnson or Johnston. Mr. Andrus carried into the room a small leather trunk or valise, from which he took some bones, at the same time stating that I had heard and probably recollected the case of Mrs. Nelson; said that she was now dead, and that he had some bones taken from her after death, which he thought I might have the curiosity to examine. He said they had been carried to New York and shown to Dr. J. Kearney Rogers, that he had sawn them in pieces, and after a careful examination had made an affidavit that neither had been broken, and that both were alike. I asked him how he knew these were the bones taken from Mrs. Nelson, and asked if it was not possible, in the sending the bones and changing hands, to lose their identity. He said he could establish their identity, as he carried them to New York. In some incidental conversation with Mr. Johnson, he (Johnson) remarked, "I am not counsel in the case now, but was formerly, and," said he, "I believe you once gave an affidavit in the case." I replied that I did as to some points of observation in such cases. I examined the bones closely in every point and particular, both with the eye alone and the eye aided by a magnifying glass of considerable power.

Having completed my examination, I said, Now, gentlemen, I wish first to say that I have no knowledge or suspicion which limb is alleged to have been broken; so the knowledge can have no influence in fixing on the one I shall say has been broken, if either. I then said, my opinion is that the right limb is the one which was said to have been broken;

and my belief is that at some time there has existed an incomplete fracture, at the junction of the neck of the bone with the trochanter. The external appearance gave evidence, by its increased size, that it had suffered a severe contusion. The interior gave evidence of fracture, by the consolidation of the cells in the immediate place of fracture. There was a lateral curve in the neck. Of the shortening I could not judge, as the bone had been sawn transversely.

Mr. Andrus (who was also frequently called Major by the other gentleman) said that Drs. Rogers and Nelson, of New York, had given a different opinion, and had made an affidavit to that effect, which I might see; which I declined doing, but told them if they would go with me to the medical house, I would show them specimens which would satisfy them that the bone had been fractured; which they declined doing, as they were in haste to leave. Mr. Andrus asked me for my bill. I told him he was welcome to my opinion, for which he thanked me, and said he should have no further use for me. When I say an *incomplete fracture*, I mean where fracture really exists, but is not displaced.

I have evidence, from my own observation, that the cells in fractured bones are re-opened after a longer or shorter period from the time of fracture. In the specimens shown me by Major Andrus, I could not judge how much they really were restored, as they had not been sufficiently macerated to remove the fatty or oily substance with which the cells are filled in health. The exterior of the bones had the appearance of having been *scraped*, so that the place where the fracture existed did not present the rough appearance usually present in a comparatively recent fracture that had been macerated. (Signed) DIXIE CROSBY.

Sworn before Wm. A. Ruggles, Commissioner
at Hanover, June 22d, 1844.

SECOND STATEMENT OF DR. RICHMOND.


In addition to my first statement relative to the marks of injury visible on the neck of the femur taken from the body of the late Mrs. Nelson, I wish to add, that since the examination first had, and since the bones were cleansed, I have once seen, and by request of Capt. Nelson examined them. I recognized the bones as the same taken from the body of Mrs. N., but with one manifest *alteration*. The point of bone projecting from the neck at its junction with the shaft, and named in my first statement, had in the mean time been *removed*. Its base was still quite apparent, though the whole of the upper portion of the bone where the *periosteum* was removed bore evidence of having been *scraped* with some sharp instrument; and I cannot doubt that the spiculum was removed by some *artificial means*. With this alteration, the external surface of the bone presented the same appearances as on my first examination. Previous to this, and since my first examination, a longitudinal section of the neck of the bone through the trochanter major had been made; this afforded me an opportunity of examining the cancellated structure, which was evidently much more dense at the point of supposed fracture.

Derby, July 8, 1844.

(Signed) LEM'L RICHMOND.

AFFIDAVIT OF O. NEWCOMB, ESQ.

I, Orun Newcomb, of Derby, in the County of Orleans, and State of Vermont, depose, &c., that I was present at the *post-mortem* examination of the body of Mrs. Nelson, on the 2d January, 1843. There were also present, Drs. Barrett, Richmond,¹⁷ Breadon, Kendall and Colby, General Cushman, I. Linsey and Timo. Holt: Dr. Richmond operated. The upper portion of the right thigh bone was first taken out, and then the upper part of the left one; after an examination of the two bones, dissecting the flesh from them and measuring them, the lower portion of both bones was taken out. On comparing the two bones, I could easily see a marked difference: the bone of the right thigh was 7-16 of an inch shorter, by measurement, than the left one. There was also a plain difference in the angle of the neck of the bones. The outside of the upper part of the right bone was *broader* and *flatter* than the corresponding part of the left one; and in the middle there was a slight depression or hollow. On one side, either the back or fore side of the bone, was a ridge, commencing on the top of the bone and extending downwards and inwards, being, I think, largest towards the end on the opposite side; in the same direction was a groove or cavity, exhibiting to me the appearance of having been broken nearly or quite apart, in that direction.

There was also on the top of the bone, about where the neck is attached to the main shaft, a projection of bone, nearly of this shape , being broader and thicker at its base than at the top, and the upper portion somewhat rough.

(Signed)

O. NEWCOMB.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. X.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 422.]

Alteratives.—NUNNELEY, who advocates the use of mercurials in erysipeloid disorders “till the gums become slightly affected,” indeed, declares that “*they would then be decidedly improper*, lest severe ptyalism be induced, which by adding to the previous irritation and excitement, as well as by the debilitating effect it has on the whole system, must be productive of great injury, and may plunge the patient into such a condition of prostration, as to place his life in the greatest danger, by the extensive sloughing which takes place under the influence of mercurialism, and the frightful rapidity with which it spreads.” My friend, Dr. Haile, of Crown Point, who has probably had as much experience in this disorder as any other man in this region, regards its alterative action, if carried to the point of salivation, equally pernicious, if not more dangerous, than the disease itself, on account of the augmented irritability and tendency it may induce about the fauces to sphacelation.

Dr. Sutton, of Aurora, Indiana, who appears to have made critical observation on this disorder, in its epidemic form, remarks, “in administer-

ing mercury in this form of the disease, a few doses generally fulfilled the indication, and, as I before mentioned, great caution was necessary; for wherever it produced its specific effect upon the mouth and salivary glands, I believe it was almost invariably attended by injurious consequences."

Emetics.—These, on account of the impression they make on the system, the tendency they have to interrupt the complaint at its forming stage, to remove any foreign or irritating substance from the stomach, and by a diffusive influence over the capillary circulation to relieve pulmonary or other congestions, have been found useful, especially in pulmonic affections. They are poorly adapted to remove engorgements of the brain.

In my hands those emetics have proved most useful into whose composition some of the acrid vegetable emetic articles entered—as sanguinaria, polygala senega, &c., in combination with emetic tartar, or ipecacuanha, varied as the pathological condition appeared to require. If there were inflammatory action present, the tartarized antimony was thus combined; if not, either the ipecac. was used, or else the simple acrid emetic drug was given uncombined. This process, in the incipient period of the disease, has also proved extremely useful on account of its generally having been soon succeeded by a free and easy diaphoresis.

Tonics and Stimulants.—These, in the protracted states of the disease, are generally demanded. Those of a permanent character are to be preferred. I have usually used a saturated infusion of cinchona, combined with aromatics, and the sulphate of quinine. When the powers of life falter, or there is a collapse, or congestion from atony, these should be administered almost without regard to quantity, and often repeated, till the desired object is accomplished. When there is great prostration, in my hands no adjuvant to the preceding has been equally efficient with the tincture of cantharides. This probably is one of the most effectual and powerful stimulants known; and the quantity requisite to produce an effect being so small, it will in most cases be tolerated when stimulants which require a larger quantity to be effectual will either disturb the stomach or produce, ultimately, depression. Of this latter description, are all the alcoholic or intoxicating liquids. No one questions but that brandy first excites action which ends in exhaustion, and leaves the body in a worse condition. Its secondary effects are depressing and pernicious to the nervous system. Its medical character is, therefore, too equivocal to obtain reliance in extreme cases, especially when life is in imminent danger. The wines, generally, are too impotent and inadequate to fulfil the requirements in urgent cases, and THE DISTILLED INTOXICATORS, or spirits, are deceptive and mocking. At any rate, such has been my experience in their therapeutic use, and such is the averment of divine writ. And yet, it must be admitted that besides their pharminaceous uses, they have, also, their therapeutic advantage. The excitation they cause is, at best, evanescent; and, consequently, their advantageous employment, either in erysipelatous or other cases, must be transient and require restriction to sudden emergencies.

Local Measures.—Local applications may be regarded of a secondary

consideration. Timely applied, and properly adapted, they have their use. Stimulating applications, as capsicum, &c., which are popular among the people and countenanced by some professional men, cannot be productive of beneficial results while there is either local or systematic tonic vascular action. These, at this period, are better calculated to augment than to diminish the local affection. The same is also true of the more harmless class of farinaceous applications. The *whiting point* of Dr. Mott, the *unguentum hydrargyri* of Drs. Dean and Little, or the *lard* of Mr. Brande, are none of them of much consequence in this species of erysipelatous disease. To allay morbid sensibility, and mitigate in some degree the erysipelatous inflammation, anodyne fomentations have been proved serviceable, such as the aqueous solution of opium, digitalis, conium *maculatum*, &c. Acetate of ammonia, acetate of potash, nitrate of silver, sulphate of iron, &c., in suitably dilute solutions, applied to the affected surface, have proved serviceable; and so have mucilaginous applications, and even pure tepid water. Mr. Abernethy's favorite application was the pulp of soft bread poultice, which he considered better adapted than any other to soothe the parts affected, and to abate their inordinate action. For the same object, I have repeatedly applied, with a good degree of success, the common *unguentum stramonii*. The solution of the sulphate of iron, as recommended by M. Velpeau, of Paris, in the proportion of an ounce of the salt to a pint of water, I have also used with benefit, both as a gargle when the mouth and tongue were affected, and as an application to the diseased surface.

In an asthenic state of the system, stimulants become necessary. Epispastics may now be advantageously applied in the vicinity of the local complaint, or on the surface over an internal affected organ. But neither the application of an epispastic, nor the eschar made by the penciling with nitrate of silver, as advised by Higginbottom, has proved of that essential service in stopping the progressive migration of the local affection I had anticipated. In some instances, the circumscribing the affected part with either of these applications seemed to have been of service; in others, of no use whatever. The aqueous solution of the nitrate of silver, varying in strength from one to ten grains of the nitrate to an ounce of the liquid, used to keep the part constantly moistened, served as well as anything to mitigate the pain and irritation.

To remove the engorgement of the capillaries, while in a diseased and atonic state, after the violence of the inflammation has been subdued or abated, an alcoholic solution of iodine, as proposed by Mr. Davies, has been found of much service. A better composition than that used by Mr. Davies, for external use, is to make an alcoholic soap liniment, and add from six to ten grains of iodine to each ounce. This may advantageously be applied over the whole erysipelatous surface.

Local bloodletting, as advised by Mr. Dobson, by means of punctures, or the still more surgical treatment recommended by Copeland Hutchinson, and by Mr. Travers, by incisions, has not in this vicinity been used to my knowledge. In diseases of a constitutional and epidemic character, as ours mostly have been, these local means could not have proved very

beneficial. By the hæmorrhage thus induced, they might have proved slightly useful by unloading the surcharged capillaries of the part incised ; or, if performed as advised by Mr. Lawrence, by carrying the incisions through the fascia, when the parts beneath it were implicated, and severe pain produced by the distension, essential relief may have been obtained. These chirurgical measures may prove, and undoubtedly have proved, useful in local affections ; but it is evident no great reliance can be placed on them when the whole system is primarily affected.

Dr. Gregory, in his *Practice of Physic*, in my apprehension, has recommended a course of procedure not only erroneous in principle, but dangerous in its practical consequences. "Keeping in view," says he, "the various circumstances of situation, age and constitution, it does not appear that any important difference of principle is to be established between the treatment of erysipelatous and of common phlegmonous inflammation." The same antiphlogistic and repellent means used in the former, that are universally adapted in the latter, must endanger the patient ; especially if the erysipelatous affection be on the surface, by the production of a metastasis to some vital or more important organ. This liability to a repercussion, or change of location, makes an essential difference in these two affections, of which the practitioner ought to be aware, otherwise he will be liable to put the life of his patient in an unnecessary jeopardy. Dr. Mott says he has seen fatal results from the practice here censured. None have fallen under my observation. It may be asked, what shall be done when the local erysipelatous affection is intensely hot, much swollen and painful ? To mitigate these sufferings, experience has convinced me that tepid evaporating lotions, either anodyne and mucilaginous, or nitrate of silver, or camphorated spirit and water, are equally efficient in diminishing the pain and heat, with cold lotions, and are free from the danger of these applications. To be sure, cold applications may sometimes be used in these cases without fatal results, but these are exceptions to the general rule. An instance of this kind is recorded in the fourth volume of the *American Journal of Medical Sciences*, which occurred in the Baltimore Alms-house Infirmary, and is reported by Dr. I. H. Wright. His cold applications consisted of an aqueous solution of hydrochlorate of ammonia and spirit of camphor. They are said to have been useful, but their adoption as precedents must be hazardous.

In conclusion, not to present my cordial thanks to the editor of the *Journal* for his indulgence, and the extreme care he has taken in the correction of the proof-sheets, would be doing violence to my own feelings. And, to those who have or may peruse these numbers, I have to remark, my intention has been to present the subject according to truth, in such a manner that practical advantage might be the result. If any dissent from me in opinion, it is to be recollected that my object is to propose to, not to impose upon, their judgment. The subject has augmented as I have progressed. It demands a more extended consideration, but must suffice for the present. If I have not exhausted the patience of the kind editor, I may have that of the medical public.

AN ESSAY ON THE HUMAN COLOR.

[Concluded from page 499.]

No writer has produced a more labored comparison between the white man and the man of color, than Mr. Jefferson, in his "Notes on Virginia." Mr. Jefferson does not profess to absolutely believe in the inferiority of the man of color, but proposes many queries and arguments by way of stimulating further inquiry upon the subject. "The first difference," he observes, "which strikes us, is that of color. Whether the black of the negro resides in the reticular membrane between the true skin and the scarfskin, or in the scarfskin itself; whether it proceeds from the color of the blood, the color of the bile, or from some other secretion, the difference is fixed in nature, and is as real as if its seat and cause were better known. And is this difference of no importance? Is it not the foundation of a greater or less share of beauty in the two races? Are not the fine mixtures of red and white, the expressions of every passion by greater or less suffusions of color, preferable to that eternal monotony which reigns in the countenances, that immoveable veil of black, which covers all the emotions of the other race?"

It is surprising that so philosophical a man as Mr. Jefferson did not perceive that he was arguing in a circle, and trying to convince himself and his readers by a romantic eulogy upon the color of the whites, instead of presenting an accurate comparison of the differences between the two colors. The Chinese and the Africans are as fully aware of the difference in color as we are, and can retort all the questions which Mr. Jefferson has put, with full as much consciousness of the superiority of their own color. They can say, that "whether *this whiteness* resides in the reticular membrane between the true skin and the scarfskin, or in the scarfskin itself, the difference is as fixed in nature and is as real as if its seat and cause were better known." The mere circumstance of our making the color of the black man a theme of philosophical speculation, confers upon us no right to make our own color the standard of beauty. The color of the white man is as monotonous to the eyes of black men, as the black man's color is to us. They are not familiarized to these "fine mixtures of red and white," as we are. The color presents to them "one *eternal monotony*." Besides, it is not a fact that "the fine mixtures of red and white, by the greater or less suffusions of color, are the expressions of every passion." Every physiologist knows that the expression of the passions almost entirely depends upon the contraction and relaxation of the muscles, independent of any change of color. Indeed, were there no other expression of the passions than the greater or less suffusions of color, the countenance of the white man would be very much of a blank. It would only become red or pale; it would give us the expression of a fever or of faintness, and nothing more. It is even doubtful whether the change of color to which the whites are exposed under the influence of the passions, does not contribute as much to deformity as to beauty. The paleness of fear is certainly not beautiful; nor is the redness of anger. The leaden hue of despair is a positive deformity. Black peo-

ple are also subject to a change of color, though in a much smaller degree. For want of a familiarity with the color, it is not always visible to us, when it is very perceptible to them. Among the clear Africans, there is a great difference in the color of different individuals; some are only brown, while others are of a shining black. I have noticed as great a difference between the color of two Africans, as there is between a common white man and the lightest colored of the Africans. I have heard them exclaim that such a person was too black to look well, precisely as we do of those of our color who possess a very dark complexion.

Our ideas of beauty depend so much upon what we are accustomed to see, and upon the intellectual laws of association, that were every nation to produce a standard of their own, we should, in proportion to the relative number of each color, at least, have three black beauties to two white ones. It may sound strange to the ears of many to hear a black skin pronounced beautiful, but the assertion has been made by a distinguished English traveller. I quote from a popular work, called Geographical View of the World. "Of that part of Ethiopia or Nubia which separates Sennaar from the second cataract of the Nile, little was known until the year 1821, when Mr. Waddington and Mr. Hanbury visited these regions. The most remote district visited by them was Dar Shiegy'a, through which the Nile flows from north to south for nearly two degrees. It is subdivided into three States, often at war with each other, but ever ready to unite against a common foe. *The people are black, a clear, glossy jet black,*" says Mr. Waddington, "*which appeared to my then unprejudiced eye to be the finest color that could be selected for a human being.*"

In a word, it appears to me that the whole sum and substance of the argument of the whites, is this, that with them their own color is the most fashionable, and of course will continue to be the most beautiful until the fashion changes. Whatever nation possesses the superiority in the arts, in arms, in knowledge and in wealth, will from the force of admiration, emulation, and the universal love of splendor and glory among mankind, be pronounced the most beautiful, be the color what it may. Egypt was once this nation. It was the place where the scholars of Greece and Rome went to complete their education. The monuments of its ancient renown still continue to astonish us. The ancient Egyptians were black, and their hair short and curling. "The Colchians," says Herodotus, "certainly appear to be of Egyptian extraction, which, indeed, before I had conversed with any one on the subject, I had always believed. I interrogated the inhabitants of both countries; the result was that the Colchians seemed to have better remembrance of the Egyptians, than the Egyptians of the Colchians. The Egyptians were of the opinion that the Colchians were descended of a part of the troops of Sesostris. To this I myself was also inclined, because they were black and have hair short and curling; which latter circumstance may not however be insisted on as evidence, because it is common to many other nations." Says Mr. Volney, in remarking upon this passage, "That is, the ancient Egyptians were real negroes, and of the same species with

all the natives of Africa, and though, as might be expected, after mixing so many ages with the Greeks and Romans, they have lost the intensity of their first color, they still retain strong marks of their original conformation."

"Besides those of color, figure and hair," continues Mr. Jefferson, "there are other physical distinctions proving a difference of race. They have less hair on their face and body. They secrete less by the kidneys and more by the glands of the skin, which gives them a very disagreeable odor. This greater degree of transpiration renders them more tolerant of heat and less so of cold than the whites."

Women have no beards, and much less hair on the surface of the body generally than men, and yet it was never suspected that women, on account of this distinction, were a distinct race. The physical distinction in the organization of man and woman, is much greater than any distinction which exists between the different colors of men. It is the greatest distinction by far of any which exists among mankind, but was never conjectured to be a proof of a difference of race. It is a strong proof, on the contrary, that great physical distinctions may exist without destroying or materially affecting the identity of the human race. The identity of the human race appears to depend upon a sameness of structure in the external senses, and the organization of the brain and nervous system in general. Neither the hair, the figure, the bones of the skull, or the color, appear to hold any near relation to the mind. The hair possesses no sensibility, and whether there be much of it or little, whether it be long or short, straight or curly, or even whether there be none of it at all, as in many bald people, seems to be no essential matter as it respects the strength or weakness of the intellectual powers. Neither does the mind reside in the bones of the skull. All the bones of the African race are thicker and bulkier than the bones of the whites. The skull bone is an index of the general thickness of the other bones of their systems. This fact has never been attended to by anatomists and physiologists. In all children, these bones are extremely thin at a time when the mind has scarcely begun to develop itself. In the adult, the bones have become thick, and the mind strong. This fact militates strongly against the opinion that a thick skull bone is proof of inferiority of mind. Many of the lower animals have extremely thin skull bones, while yet they betray but little proof of intelligence. The bones of the heel have a still more remote relation to the capacity or the incapacity of the mind, than those of the skull. In both these respects the African has the advantage of the white man. The brain is better defended, and the strength of the foot is increased. The foot of the African is better adapted to the support of the superincumbent weight of the body.

The assertion of Mr. Jefferson that the blacks secrete less by the kidneys and more by the glands of the skin, is not a physiological fact. I have never met with the observation in the course of twenty years' medical reading, or noticed such a fact in the course of seventeen years' practice in a city where one twelfth of the inhabitants are black; or of its having been noticed by any other practitioner of medicine. Laboring

people perspire more than others, and consequently secrete less by the kidneys. The blacks being mostly laborers, must have originated this idea in the mind of Mr. Jefferson.

The common opinion which Mr. Jefferson endorses as a physiological fact, that black people can bear heat better and cold not so well as the whites, is also an error. It is well known that the same degree of health and strength which enables a man to bear one extreme well, will also enable him to bear the other equally well. This fact is well known among sailors and travellers who experience the extreme changes of different climates. Those who stand the heat with impunity, will also stand the cold the longest without freezing. The same man who can labor in the open field, uncovered, in the hottest days in summer, will be the ablest to withstand the severest cold of winter. The blacks, although they go thinner clothed than the whites in winter, do not oftener freeze. The idea must have originated in the conjecture that such must be the fact, because they came from a warm climate, or from an analogy to those vegetables and animals which can only flourish in the warm latitudes. No such observation has ever been made of the Indians or the Asiatic nations, although many of both live in the northern latitudes. Query—how black must a man be before Mr. Jefferson's remarks apply to him?

The greater transpiration of the skin, Mr. Jefferson says, gives to them "a very strong disagreeable odor." But this odor arises from a secretion by the axillary glands situated under the arm. It is a little different from the odor of the same secretion in white people, but I have heard the blacks say it was not stronger or more disagreeable than the same odor in white people. Where they observe an equal degree of cleanliness, they betray no more of it than the whites do. Every individual emits a peculiar odor from the axillary and other glands of the body, inasmuch that blind people can identify their acquaintances by the sense of smelling. This, to be sure, is a physical distinction, but not of sufficient magnitude to furnish a proof of a difference of race. Poverty and its concomitant, if not consequent personal uncleanness, has thus subjected the blacks to a dislike on the part of the whites.

Great physical distinctions in color, size, hair, and features, exist among the whites, without corresponding differences in the degree of personal beauty, or intellectual endowments. I have already noticed the distinction between the sexes, which is the greatest which can be supposed to exist between two individuals of the same species, and which furnishes us with no proof of "a difference of race." A brunette complexion of the darkest hue, accompanied with black eyes, and black and curly hair, not only often occurs among us, but is pronounced perfectly beautiful. In the settlement of these questions the opinions of the blacks should not be entirely disregarded. They, especially the Chinese and American Indians, must be supposed to have some little sense of the true and the beautiful as well as we, and some judgment of their own capacities in comparison with ours. They never feel, they never see, and they never manifest, either in word or deed, any inferiority to the whites. In war and in peace, they meet the white man only as an equal, nor dream they of any superiority.

The hair of the African is finer than that of the European. The curliness of the African hair is owing to its fineness. In some individuals of an equally deep color, it grows much longer than in others. Being curly and matted together, it easily wears off, and is, in this way, kept much shorter than where pains are taken to braid it and to keep it clean and straight. There is as great a diversity in its length in different individuals, as in the length of the hair of white people. The broad, flat features, and the thick, heavy muscles and bones of the blacks, deviate no more from the true standard of beautiful proportion, than the long, sharp, peaked features, and the thin, slender, light muscles and bones of the whites. Perfect symmetry lies between the two extremes.

Providence, R. I., May 31, 1844.

D. B. SLACK.

DR. BEDFORD'S NOTE IN CHAILLY'S MIDWIFERY.—REPLY TO
"ARGUS."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A writer in No. 23 of the Journal, over the signature of Argus, has perpetrated a piece of hypercriticism upon one of Dr. Bedford's notes in the late edition of Chailly's Midwifery, which seems to call for a brief animadversion. It seems that he is indebted to Dr. Huston's Medical Examiner for his knowledge of the subject, not having taken the trouble to examine the work from which it is extracted, such was his haste to become a censor morum, and of course ignorant of the appositeness of the note to the text which it illustrates.

This Argus appears to think it impossible, or at least incredible, that any person having "the title of *physician*" could betray such ignorance as that ascribed to one such in Dr. Bedford's note; and even admitting that such a case really occurred, he "protests against the utter *impolicy*, *impropriety*, *inexpediency* and *unprofessional bearing*" of exposing it.

Now your correspondent must be indeed *green*, if he can have any doubts that multitudes having "the title of *physician*" can be found, who are every day disgracing the profession, and outraging humanity by as flagrant blunders as that detailed by Dr. Bedford as occurring under his observation. Every experienced practitioner could relate a hundred equally culpable examples which he has detected, and those which escape detection are doubtless innumerable. So much for the "*policy*, *propriety*, *expediency*, and *professional bearing*" of impeaching the veracity of a reputable member of the fraternity, in a respectable medical journal, on so slender a pretext.

But the other criticism of Argus is still more exceptionable, for he insists that "it is undignified and uncalled for" to publish the fact that under "the title of *physician*" such gross ignorance may be found. He would conceal such facts, and permit quackery to go unrebuked when sheltered by a diploma, however mischievous to the health and lives of the community. But the profession and the public think otherwise, for the exposure of such blunderers serves to put people on their guard

against ignorance and imposture, prompting them to discriminate among those "having the title of physician," and select such as are educated and qualified for their duties by something more than the title.

And now a word for the private ear of your correspondent, for if he be as *green* in the profession, as he is in his knowledge of his mother tongue, I should not be surprised to learn that he knows somewhat of the case related by Dr. Bedford, and that it is only the "galled jade wincing" over the signature of Argus. And I would just say to him, in a whisper, that before he again assumes the critic's chair, a slight attention to English grammar, and the rules of composition, will suitably occupy a pair of his hundred eyes. And should he wish any acquaintance with Dr. Bedford's notes beyond that furnished by the Medical Examiner, he will be able to procure a copy in a few days, as the Harpers have in press a second edition, the former having been all disposed of in a month from its publication.

CYCLOPS.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 31, 1844.

Effects of Variations in the Atmosphere on Diseases of the Chest.—Dr. Sigmond, of London, recently delivered a lecture before the Royal Botanical-Medical Society, on the effect of the tides in the atmosphere on disease, in which he endeavored to show that diseases of the chest, and more particularly asthma, were influenced less by the medicinal character of substances inhaled as remedies, than by a modified state of the air produced by them. The tides of the atmosphere, he maintained, four times each day, produce marked changes in those who are diseased. "The paroxysms of asthma," he said, as we learn by the London Medical Times, "consist of a struggle on the part of the muscles which act in compressing or expanding the chest in the acts of inspiration and expiration, the excess of exertion bringing on it an associated condition of the other muscles, the consequence of which is, action of the chest without a perceptible interval. One of the remarkable features of asthma is the periodicity of these paroxysms. Shortly after midnight the asthmatic knows, by peculiar precurrent symptoms, that he will experience his attack, and during the presence of the disease he is attacked about the same hour each night until it ceases. This periodicity of the disease had attracted the attention of medical men in all ages, and the greatest anxiety had been evinced by the profession to ascertain its cause. Dr. Sigmond believed, from his own observation, and likewise from the assistance which had been given him by others, that the rarity or density of the atmosphere, as produced by its diurnal tides, which were proved by La Place, by Humboldt, and by observations of meteorologists, to take place in twenty-four hours, materially influenced diseases of respiration, and of the nervous system. He looked to these tides as the cause of the periodicity which was observable in fever, in epilepsy, and in a variety of diseases,

to which he could not then advert. A weight of air of about 36,000 lbs. presses upon the human body. That the abstraction of the smallest quantity of this would produce sensible effects, is proved by the action of the cupping glass. The enormous pressure which is complained of even when the most minute portion of the air is removed, becomes a source of disease, and by the practice which has been pursued in France for the relief of apoplexy by exhausting the air round the leg, varicose veins have been instantaneously produced.

"It was most desirable that the plan of registering the state of the barometer twice at least in twenty-four hours, as proposed by Sir John Herschell, should be carried into effect. Every military and naval surgeon in the United States had been called on to pursue this plan, and the consequence would be that the attempt of Professor Forbes, which was discussed before the British Association, to give us a regular formula of the atmospheric tides, would be carried out, and if with this each medical man would give his observations on the periodicity of disease, tables of practical information would be formed, which would be invaluable to the human race. The diurnal oscillations of the barometer are evidently disturbed by many causes, and these, doubtless, influence the coming on of disease when the previous susceptibility exists. The periodicity of intermittent fever, the evening exacerbation of continued fever, the remissions, were in his mind explained by the phenomena to which he had drawn attention, but he looked to accurate statistic details before he could arrive at all the conclusions which so important a subject must involve."

Medical Literature of the West.—The vast region of country at the West is now, more perhaps than ever, attracting the attention of the people of the older States, and also of men of intelligence in Europe. Its resources are not yet appreciated, nor are its capabilities by any means understood. Nature seems to have taken special delight in concentrating her riches along the borders of the great rivers, and in storing the interior of the rough mountains, for an indefinite extent, with inexhaustible magazines of mineral wealth. But in the contemplation of these physical advantages, travellers are too apt to overlook the progress of society in literature and science. Throughout the whole extent of that extensive region, denominated the *West*—which really means nothing more nor less than the whole cluster of new States, beginning with Ohio—a zeal has been manifested for the diffusion of useful knowledge, that is in the highest degree creditable to the far-seeing policy and energy of the people. All the learned professions receive the united support of the public. In no part of the country are there more eloquent, devoted and pious clergymen, whose lives correspond with the doctrines they teach; no better read lawyers or abler expounders of the law; nor physicians more competent in all that appertains to the character of judicious medical advisers. Of late, in addition to their well-organized schools of medicine, the profession begin to make themselves known through their writings. That they have abundant materials for constructing treatises on diseases, cannot be doubted. Their experience in fevers has been extensive; and their contributions to the current medical literature of the day, is another evidence, were it necessary to produce any, to sustain this declaration.

We were led to these reflections by a recent examination of some

medico-literary efforts at the West. Before many months, there will be published at Cincinnati (as was mentioned in last week's Journal) a splendid work on diseases of the skin, by N. Worcester, M.D., one of the faculty of the newly-created institution at Cleveland. A concise and accurate treatise, properly illustrated by plates, is very much needed. Dr. Worcester has drawn his information from every available source. No one is more familiar than himself with the writings of Willan, Bate-man, Alibert, Cazenave, Schedel, Plumbe, Thompson, Rayer and Baumes. The plates, which are the essential parts of this desirable volume, are of the highest order. The engraving is executed admirably; and with respect to the coloring, in saying it is true to nature, we simply do the artist an act of justice. There are sixty of them in the whole.

Another publication has made its appearance at Cincinnati, of late, under the editorial care of Dr. Lawson, with plates, equal in all respects to the best English colored illustrations. We shall again refer to both these works, when they are in readiness for the public.

Early in October, a monthly Journal, to be called the *Medical Gazette*, is to appear at Cincinnati, under the editorial management of N. Worcester, M.D. Dr. Lawson, the editor of the *Lancet*, having been elected to the chair of Theory and Practice, at Lexington, Ky., will carry his Journal with him, probably to become the official organ of things medical in Transylvania. So another periodical is to make its advent—with prospects, it is presumed, both bright and fair.

*Sterility.**—A recent translation of a work from the French, has appeared in New York, on the subject of sterility—its causes and treatment—by the Chevalier V. Mondat, which will strike the reader as something quite new in this country. In the old worn-out cities of Europe, where many of the inhabitants are suffering from the effects of hereditary as well as their own personal vices, a system to guide them in morals and medicine, so far as they relate to this subject, may perhaps have a higher place in public estimation than in this new section of the world.

This book really contains a scientific account of the subject of which it professedly treats; and its anatomical descriptions are apparently exact. There are fifty illustrations, besides a graphic account of an instrument quite unknown to the mass of physicians. The *congestor* may be very philosophically constructed and admirable in its effects, but, after all, it is a strange thing and used for strange purposes. *Anti-anaphrodisiac liniment* is not very frequently prepared in the States, we apprehend, nor does *asterasic pommade* find a ready sale at the shops.

It is with extreme reluctance that we undertake to speak of a production of which we know so little, and the benefits of which are so doubtful. Others, besides medical gentlemen, it is presumed, are expected to buy it, but for what purpose beyond gratifying a vulgar curiosity, can hardly be divined.

Preferring that others should make up their opinions of the merits of this volume from their own perusal of its contents, it is quite unnecessary to say more than that it is on sale in Boston at our neighbors', Saxton, Peirce & Co.

* *Sterility in the Male and Female, its Causes and Treatment.* By Chevalier V. Mondat, &c. Translated from the French, with fifty illustrations. New York: J. S. Redfield. 1 vol. 12mo. pp. 248.

Patent Office Reports.—Out of the way as it may at first appear, to notice, in a medical periodical, documents emanating from the National Patent Office, the object in now doing so is to speak of Dr. Page, who is permanently connected with that department.

A huge mass of documents, making an octavo of 335 pages, was provided for the members of Congress, that they might understand how and what they had been doing the last year in the new stone edifice. All the gentlemen holding subordinate offices under the Commissioner, Mr. Ellsworth, furnish such materials towards swelling up the size of the book, as were legitimately gathered from the materials under their care and keeping, embracing their own wise thoughts or suggestions on each topic under consideration. In the last of the series, comprising Part II., is the report of the *First Examiner of Patents*, Charles G. Page, M.D., late of Salem, Mass. He shows so much learning and philosophy, in his remarks and suggestions, that it must have been perceptible to the members of Congress that the humble examiner of patents is a man of uncommon powers. Dr. Page's analysis of the present condition of agriculture in the United States, is a performance of very great value. He enters into a consideration of the chemical processes of manufactures and compounds, including medicines, dyeing, color-making, distilling, soap and candle-making, mortars and cements. No art escapes his argus eye, and he therefore shows not only the past, but the present and prospective condition of all the useful, elegant and economical arts known to civilization.

Those who have been in the habit of reading the reports of the French Academy, will recognize the same far-seeing, yet exact scientific detail in this gentleman's reports, that characterizes those of the French philosophers. With all this varied learning respecting the things on which the prosperity and real independence of a nation depends, Dr. Page has never neglected the study of medicine. Chemistry, however, is the field in which he appears destined to be hereafter particularly distinguished. It was wise in the trustees of the Columbian College, therefore, when they placed him in the Chemical chair. He will certainly give character to it, and infuse some of the spirit, which animates himself, through the pupils who may yet take their first lessons in this branch of science from his lips.

Anatomical Atlas.—We are informed that the Anatomical Atlas of Drs. Smith and Horner, of Philadelphia, which we suggested week before last might have been discontinued, is now rapidly advancing towards its completion, and that Part III. will be published next month, its delay having been occasioned by the difficulty of having the subjects of that Part executed in the best manner. It is thought that all the five Parts will be completed in September; and as no pains nor expense have been spared in its preparation, there is no doubt the work will give entire satisfaction to the medical public.

Rush Medical College.—The next annual course of lectures in this institution, which is located in Chicago, Ill., will commence on the first Wednesday of November. We perceive that Dr. Austin Flint, of Buffalo, N. Y., well known to the readers of this Journal as a contributor to its pages of several valuable communications during the last few years, is appointed to the chair of the Institutes and Practice of Medicine.

Postage on Medical Journals.—It is of the utmost importance to the profession, and indeed to the whole community, that every facility should be afforded for the diffusion of medical, agricultural, and scientific intelligence. To accomplish this, medical men, agriculturists and others, should unite to induce Congress to reduce the postage on such periodicals to the same rate as that on newspapers.—*Philadelphia Medical News.*

We fully agree with the above opinion in relation to the postage on medical journals; and we would suggest the propriety of presenting a memorial to the next session of Congress, asking for such reduction of postage. The next session would be a peculiarly appropriate time for such a measure, as the rates of postage will most probably undergo some modification at that time.—*Western Lancet.*

We are glad to see this subject brought forward. The difference between periodical and newspaper postage, established by law, is unjust and unreasonable. The definition, too, of the difference between the two classes of publications is so obscurely laid down, that postmasters are often in doubt, and we are frequently appealed to, in the case of our own Journal, to decide the matter between a subscriber and the postmaster. The department at Washington has shown no disposition to put a liberal construction upon the terms of the law, and the postmaster at Petersburg, Va., has lately thought himself justified in so construing the law as to demand nearly 4 cts. a No. for this Journal! If something is not soon done, periodicals, as well as letters, will circulate, on all the great routes at least, through other channels than the public mail-bags.

Medical Convention of Ohio.—The annual meeting of this association was held in Mount Vernon, commencing on the 29th of May, and remaining in session three days. About *one hundred* members were in attendance, ninety-four being registered, but a number were present whose names were not recorded. We regard this as one of the most satisfactory and successful conventions ever held in the State. It is true, the original papers read were not as numerous as was anticipated; but the discussions elicited, taken in connection with the essays themselves, and several highly important measures originated during the sitting, indicate that the members were not inactive. Indeed, but *one* feeling seemed to pervade this large assemblage of medical men, and that was, a disposition to vie with each other in contributing their influence to secure the objects for which the members had convened.—*Western Lancet.*

TO CORRESPONDENTS, &c.—Dr. Dixon's remarks on medical legislation have been received.—On the cover of last week's Journal, the title of M.D. attached to the name of J. R. Dillingham should have been omitted.—Some of the incidental remarks in the essay on human color, in to-day's Journal, may perhaps be considered to require a reply, by some of the readers of the Journal. A suitable one would be inserted, though the subject is such as should preclude a lengthened discussion in the Journal.—The Medical Communications of the Massachusetts Medical Society have been received.

Number of deaths in Boston for the week ending July 27, 47.—Males, 28; Females, 24.

Of consumption, 6—scarlet fever, 7—teething, 5—inflammation of the bowels, 3—infantile, 5—cholera infantum, 7—dropsy in the brain, 1—lung fever, 1—hemorrhage, 1—apoplexy, 1—disease of the heart, 2—diarrhoea, 1—bowel complaint, 2—fits, 1—cholera morbus, 1—old age, 1—dropsy, 1—decline, 1.

Under 5 years, 30—between 5 and 20 years, 2—between 20 and 60 years, 8—over 60 years, 7.

Trepanning in Cases of Injury.—The operation of trepanning is very, very seldom required now-a-days. In the mining districts you may have occasion to perform it now and then, and in military practice; in civil practice very seldom indeed. You have seen it performed a few times in this hospital. You have seen it resorted to successfully for the purpose of evacuating matter, both in the practice of myself and colleagues. Some of you may recollect the case of a boy who had, a good many weeks before being brought to the hospital, been upset, tumbled like a cat out of a basket, from a cart containing ginger-beer bottles. He had tumbled out among the bottles; some of them broke, and a portion of one of them stuck on the vertex and penetrated the cranium. He was treated by my old pupil, Dr. Bain, at Poplar, for some time, but at last he began to get very bad; there was a great deal of fever, shivering, and headache, and then he became comatose, and continued so a day or two. Relief was afforded by a spontaneous escape of matter from the wound, and having had two or three alarming attacks of the kind, he was brought to the hospital. On examining him there was found a small ulcer of the scalp and a perforation of the cranium. This was about a month after the infliction of the injury. I had the wound exposed; he was sensible at the time, and there was an opening into the bone. The trephine was applied to the edge of it, and a circular piece of bone was taken out. We then found that the inner table had been broken away, and there was a spiculum adhering to the portion of bone which had been removed. A little splinter or two were taken away, and a considerable quantity of matter escaped. The patient never had an unfavorable symptom, and recovered rapidly.—*Liston's Lectures, in London Lancet.*

Acute Rheumatism treated by the Use of Nitre.—The treatment of rheumatism by nitre in large doses has hitherto appeared to me to present great advantages over the other plans of treatment which are generally adopted, and more especially over the extreme depletion system. Whenever a patient loses much blood during the treatment of a disease, be it artificially or naturally, the convalescence is long, and during that convalescence he is much more exposed than a person in health to morbid agencies. I have known persons remain months, nay years, in an anemic state, weak, and sickly, after having been cured (?) of rheumatism by Bouillaud's plan of bleeding *coup sur coup*. A treatment, therefore, which overcomes the disease without exhausting too much the sources of life, is decidedly preferable to any other; and such is the treatment of rheumatism by nitre. I have many a time seen a strong muscular man, between twenty and thirty, brought into the wards, presenting the most marked symptoms of acute rheumatism: the pulse 100, full, bounding; the ankles and knees, wrists and elbows swollen, painful, and red; the skin hot, the face flushed: such a case, in a word, as a practitioner would consider himself called upon to bleed to deliquium. An ounce of nitre has been administered daily, and in two or three days the pulse has fallen and become soft, the skin moist, the joints less painful and less swollen, and in less than a fortnight the patient has been out of bed, allowed to eat, and able, after a week or two's rest, to resume his labors. The remedy, also, is cheap, an important consideration in the treatment of the poor, and is easily administered.—*DR. BENNET, in Lancet.*

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